

**REGISTERED NURSES' PERCEPTION OF THE ANNUAL PERFORMANCE
APPRAISAL IN A TERTIARY HOSPITAL IN RIYADH**

by

LAURA CLARA GYSMAN

submitted in accordance with the requirements

for the degree of

MASTER OF ARTS IN NURSING SCIENCE

in the subject

Health Studies

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: MRS H.S. DU TOIT

30 November 2018

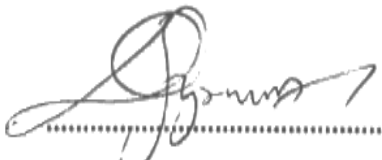
Student number: 34821384

DECLARATION

I declare that REGISTERED NURSES' PERCEPTION OF THE ANNUAL PERFORMANCE APPRAISAL IN A TERTIARY HOSPITAL IN RIYADH is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work or part of it for examination at Unisa for another qualification or at any other education institution.

A handwritten signature in black ink, appearing to read 'Laura Clara Gysman', written over a horizontal dotted line.

SIGNATURE

Laura Clara Gysman

A handwritten date '14/04/2019' in black ink, written over a horizontal dotted line.

DATE

**REGISTERED NURSES' PERCEPTION OF THE ANNUAL PERFORMANCE
APPRAISAL IN A TERTIARY HOSPITAL IN RIYADH**

STUDENT NUMBER: LAURA CLARA GYSMAN
STUDENT: 34821384
DEGREE: MASTER OF ARTS IN NURSING SCIENCE
DEPARTMENT: HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA
SUPERVISOR: MRS H. DU TOIT

ABSTRACT

The purpose of this qualitative, explorative descriptive study was to describe how registered nurses at a specific tertiary hospital perceive the annual performance appraisal. A sample of 20 registered surgical nurses working in the ten Surgical Care Divisions was purposively selected to meet the inclusion criteria. Data was collected through two focus group interviews with 10 participants each. The transcribed interviews were manually analysed according to Collaizzi's (1978) method. Findings were described according to six main themes, of which the last theme described the nurses' suggestions for improving the annual performance appraisal. The 15 sub-themes addressed, among other things, the process of conducting annual performance appraisals, scoring the performances, incentives, loyalty to the hospital, communication, and competency certification of registered nurses. Recommendations were made for developing guidelines to ensure a standardised process of annual performance appraisal and to involve all stakeholders in the review of the competency assessment certification process.

KEYWORDS:

registered nurse, competencies, performance appraisal, scoring, competency certification

ACKNOWLEDGEMENTS

“I can do all things through Christ which strengthens me” – Philippians 4:13.

I would like to extend my appreciation to the following persons:

- My supervisor, Mrs Heleen du Toit, for her patience, support and guidance she offered me during my study period
- Mr Velaphi Kheswa (librarian) who assisted me with the literature review
- The organisation King Abdulaziz Medical City – Riyadh and the participants for allowing me access and sharing their experiences of the annual performance appraisal process
- My Director of Clinical Nursing – Surgical Division, Mrs Nabeeha Tashkandi
- My mentor, Mr Litaba Kolobe
- My encouraging friends for their support, especially Pauline Maake and Nor Faizah Mohammed
- Ms Alexa Anthonie, for the language editing and formatting of my dissertation

Very special thanks go to:

- My dearest husband, Ndumiso Mdunge, for his love, patience, encouragement and support throughout my academic journey
- My beloved daughter, Mandisa, for understanding that “Mama Bear is busy” when I was studying

Thank you all.

Dedication

*This dissertation was done in loving memory of my parents, Frank and Bongiwe
Gysman.*

*Anything good that has come to my life has been because of your example, guidance
and love.*

May your souls rest in peace.

TABLE OF CONTENTS

CHAPTER 1	8
ORIENTATION TO THE STUDY.....	8
1.1 INTRODUCTION.....	8
1.2 BACKGROUND TO THE STUDY	8
1.3 STATEMENT OF THE RESEARCH PROBLEM	9
1.4 RESEARCH PURPOSE AND OBJECTIVES OF STUDY	10
1.4.1 Research purpose	10
1.4.2 Research objectives	10
1.5 SIGNIFICANCE OF THE STUDY.....	11
1.6 DEFINITIONS OF KEY CONCEPTS.....	11
1.7 RESEARCH METHODOLOGY	12
1.7.1 Research paradigm and design.....	13
1.7.1.1 Exploratory research	14
1.7.1.2 Descriptive research.....	14
1.7.1.3 Contextual study.....	14
1.7.2 RESEARCH METHODOLOGY	15
1.7.2.1 Population	15
1.7.2.2 Sampling	15
1.7.2.3 Data collection.....	15
1.7.2.4 Data analysis.....	16
1.7.2.5 Measures to ensure trustworthiness.....	16
1.8 ETHICAL CONSIDERATIONS	16
1.9 STRUCTURE OF THE DISSERTATION.....	16
1.10 SUMMARY	17
CHAPTER 2	18
RESEARCH DESIGN AND METHODOLOGY	18
2.1 INTRODUCTION.....	18
2.2 RESEARCH DESIGN.....	18
2.3 RESEARCH METHODOLOGY	19
2.3.1 Population and sampling	19

2.3.1.1	Setting and population.....	19
2.3.1.2	Sample size and sampling technique	20
2.3.2	Data collection.....	21
2.3.2.1	Focus group interview	21
2.3.2.2	Planning the focus group interview.....	23
2.3.2.3	Conducting the focus group interview	26
2.4	DATA ANALYSIS	28
2.4.2	Trustworthiness of the study.....	30
2.4.2.1	Trustworthiness	30
2.4.2.2	Credibility.....	30
2.4.2.3	Dependability.....	32
2.4.2.4	Confirmability.....	32
2.4.2.5	Transferability.....	32
2.4.2.6	Authenticity	33
2.5	ETHICAL CONSIDERATIONS	33
2.5.1	Ethical clearance and permission.....	33
2.5.2	Informed consent.....	34
2.5.3	Beneficence.....	34
2.5.4	Justice	35
2.6	CONCLUSION	35
CHAPTER 3		37
DATA ANALYSIS AND LITERATURE CONTROL		37
3.1	INTRODUCTION.....	37
3.2	DATA MANAGEMENT AND ANALYSIS	37
3.3	ANNUAL PERFORMANCE APPRAISAL POLICY (ABC)	38
3.3.1	Policy definitions and statements	38
3.3.2	Performance appraisal process.....	40
3.4	COMPETENCY ASSESSMENT POLICY (XYZ)	41
3.4.1	Policy definitions and statements	41
3.4.2	Competency process.....	42
3.5	THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA	42
3.5.1	Theme one: Current performance appraisal practices	43

3.5.1.2	Scoring	45
3.5.1.3	Different appraisal approaches.....	46
3.5.2	Theme two: Motivation	48
3.5.2.1	Monetary reward	48
3.5.2.2	Improved performance	50
3.5.2.3	Loyalty to the hospital.....	52
3.5.3	Theme three: Communication	53
3.5.3.1	Open communication	55
3.5.3.2	Minimal communication.....	56
3.5.4	Theme four: Competencies	58
3.5.4.1	Validating nursing competencies.....	58
3.5.4.2	Competency certification	60
3.5.5	Theme five: Input from other sources.....	61
3.5.5.1	Recommendations by others.....	62
3.5.5.2	Recording of evidence.....	63
3.5.6	Theme six: Suggestions to improve the annual performance appraisal	65
3.5.6.1	Guidelines for conducting the appraisal	65
3.5.6.2	Review of competency process and certification.....	66
3.5.6.3	Incentives	68
3.6	SUMMARY	70
CHAPTER 4		71
DISCUSSION OF THE FINDINGS.....		71
4.1	INTRODUCTION.....	71
4.2	THEME ONE: CURRENT PERFORMANCE APPRAISAL PRACTICES	71
4.3	THEME TWO: MOTIVATION	72
4.4	THEME THREE: COMMUNICATION.....	74
4.5	THEME FOUR: COMPETENCIES	75
4.7	THEME SIX: SUGGESTIONS FOR IMPROVING THE ANNUAL PERFORMANCE APPRAISAL	77
4.7.1	Guidelines for conducting the appraisal	79
4.7.2	Review of competency process and certification.....	80
4.7.3	Incentive	81

4.8	CONCLUSION	81
	CHAPTER 5	83
	CONCLUSION, LIMITATIONS, CONTRIBUTIONS AND RECOMMENDATIONS.....	83
5.1	INTRODUCTION	83
5.2	OVERVIEW OF THE STUDY	83
5.3	CONCLUSION OF THE STUDY	84
5.4	LIMITATIONS OF THE STUDY.....	86
5.5	CONTRIBUTIONS OF THE STUDY	86
5.6	RECOMMENDATIONS	87
5.6.1	Recommendations regarding the process of performance appraisal	87
5.6.2	Recommendations regarding the competency assessment and certification.....	88
5.6.3	Recommendations regarding incentives.....	88
5.6.4	Recommendations for future research	88
5.7	CONCLUSION	89
	REFERENCES.....	90
	ANNEXURE A.....	101
	Ethical clearance certificate.....	101
	ANNEXURE B.....	103
	Request to do the study	103
	ANNEXURE C.....	105
	Permission from Nursing Services to do the study (Center of Nursing Education).....	105
	ANNEXURE D.....	106
	Permission from KAIMRC to do the study.....	106
	ANNEXURE E.....	107
	Participant informed consent.....	107
	ANNEXURE F	108
	Participant declaration of confidentiality	108
	ANNEXURE G	109
	Interview Schedule.....	109

ANNEXURE H.....	111
Example page of transcript and analysis.....	111
ANNEXURE I	113
Researcher Reflection Letter.....	113
ANNEXURE J	116
Letter from language practitioner	116
ANNEXURE K.....	1167
Turnitin report	1167

LIST OF TABLES

Table 2.1	The process of Collaizzi's strategy for data analysis.....	21
Table 3.1	Themes and sub-themes	33
Table 3.2	Merit increase guidelines	58

LIST OF ACRONYMS AND ABBREVIATIONS

APP	Administrative Policies and Procedures
DPP	Departmental Policies and Procedures
CRN	Clinical Resource Nurse
F1	Focus group 1
F2	Focus group 2
S1	Speaker 1
POCT	Point-of-Care Testing
BMS	Basic Medication Safety

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

This chapter gives a brief overview of the study. The background of the study, research problem, purpose and objectives, key concepts, research approach and design, methodology and layout of the research are described.

1.2 BACKGROUND TO THE STUDY

A performance appraisal is an assessment of and dialogue about a staff member's performance of assigned duties and responsibilities. The appraisal is based on results obtained by the staff member in his/her job. Grote (2011:9) states that performance appraisal is a formal record of a manager's opinion of the quality of an employee's work. Aguinis, Gottfredson and Joo (2012) define performance appraisal as the systematic description of an employee's strengths and weaknesses. According to Mathis and Jackson (2012:334) performance appraisal can be defined as the process of evaluating how well employees do their jobs compared with a set of standards and communicating that information to those employees. The authors further explain that performance appraisals are synonymous to employee rating, employee evaluation, performance review, performance evaluation, and results appraisal.

A study by Alvi, Surani and Hirani (2013) has shown that the effectiveness of performance assessments is dependent on factors such as the perception of the employees towards appraisals, which in turn has a significant impact on the performance of the employee, and, to a large extent, organisational performance. Boachie-Mensah and Seidu (2012:73) state that employees are more receptive and supportive towards the appraisal processes that they perceive as useful sources of feedback that help them to improve their performance. Employees do not embrace and support appraisals if they perceive them as unreasonable attempts by their managers and employers to exercise closer supervision

and control over their work (Boachie & Seidu 2012:73). Despite their opinions, annual appraisals of employees are significant performance enhancement tools (Grote 2011:10).

The tool used at the study site for the surgical registered nurses is a ranking method performance appraisal tool. The annual appraisal policy has been given a pseudonym, ABC, to protect the privacy of the tertiary hospital. For the same reason this policy will not be listed in the reference list. This policy will be discussed in chapter 3, as part of the literature control.

Kromrei (2015:53–64) states that the performance appraisal process is one that few employees look forward to. This may be because managers and employees do not understand the process and are therefore unable to conduct a fruitful appraisal. Managers who must complete appraisals of their employees often resist the appraisal process, knowing that appraisals may affect employees' future careers (Mathis & Jackson 2012:359).

The requirements for a surgical registered nurse at the tertiary hospital in Riyadh are the following: a three-year-study diploma or degree in nursing, three years post-graduate nursing experience in a surgical ward, registration with the Nursing Council in the country of origin and also with the Saudi Commission for Health Specialties in the Middle East. The registered nurses in the tertiary hospital are categorised as: staff nurse 1 (SN1), staff nurse 2 (SN2), clinical resource nurse (CRN), nurse coordinator (NC) and nurse manager (NM). The staff nurses 1 and 2 have similar job descriptions. The only difference is that the staff nurse 1 can be a charge nurse (a charge nurse is a team leader) and the staff nurse 2 cannot. The nurse coordinator is the charge nurse or team leader of the shift. The clinical resource nurse's role in the unit is clinical teaching at the bedside at the tertiary hospital where the study is conducted.

1.3 STATEMENT OF THE RESEARCH PROBLEM

The researcher, who is a nurse manager at the tertiary hospital, has observed through informal conversations with various staff members that there is a notable rise in dissatisfaction with regards to the way performance appraisals are conducted. Surgical

registered nurses have various perceptions of the appraisal process: some perceive the appraisal as a one-way assessment, some view it as means to receive a salary increment, some as a task that must be completed annually, while others realise that managers interpret the appraisal tool differently, which may result in a huge variance of rating percentages.

These perceptions result in the low morale of employees. They are demotivated; they lack commitment to the tertiary hospital and are unwilling to extend their time beyond their paid hours since they are not given appropriate rewards for doing so. They are also reluctant to discuss the matter in meetings as they are afraid of victimisation.

This qualitative study explored the perceptions of surgical registered nurses of the annual performance appraisal process in a safe and anonymous environment.

1.4 RESEARCH PURPOSE AND OBJECTIVES OF STUDY

1.4.1 Research purpose

The purpose of this qualitative study is to explore and describe how registered nurses at a specific tertiary hospital perceive the annual appraisal and to propose improvements of the appraisal tool or process to hospital management, if necessary. The research question that was asked was: What are the perceptions of surgical registered nurses towards the annual performance appraisal?

1.4.2 Research objectives

The objectives of the study were to:

- explore and describe the perception of the performance appraisal process among the surgical registered nurses; and
- identify factors that impact on the current annual performance appraisal process.

1.5 SIGNIFICANCE OF THE STUDY

This study provided participants with a platform to voice their perceptions of the annual performance appraisal process. The findings will necessitate management to take note of how nurses perceive the annual performance appraisal and, if deemed necessary, it may result in the revision of the appraisal tool and or process to improve the perceptions of appraisal. The ultimate outcome may be the improved quality of nursing care provided by employees and their optimum work satisfaction.

1.6 DEFINITIONS OF KEY CONCEPTS

For the purpose of this study, the following key concepts are defined:

Appraise refers to the action of giving an opinion about the value of something (Oxford Reference Online Premium 2016). In this study the value of the work performance of surgical registered nurses is given an opinion about.

Appraiser refers to a person who is able to estimate worth or quality (Cambridge English Dictionary Online 2016). In this study the appraiser is a designated nurse manager who is responsible for assessing the performance of surgical registered nurses.

Perception is the process by which an individual gives meaning to the environment (Merriam-Webster Dictionary Online 2016). In this study it refers to the way surgical registered nurses make sense of the annual performance appraisal process.

Performance is the act of executing or accomplishing work or a task (Business Dictionary Online 2016). In this study performance refers to the way in which surgical registered nurses display the expected knowledge and skills in delivering safe nursing care and management of units, described in their job descriptions.

Appraisal is the act of judging the value of something (Oxford Dictionary of English 2016). In this study it means the formal assessment of the work performance of a surgical registered nurse over a particular period.

Performance appraisal in this study refers to an annual review and assessment of an employee's overall contributions and skills or lack thereof.

Registered nurse refers to a nurse who has graduated from a nursing programme and has met the requirements outlined by a nursing licensing body in order to obtain a nursing licence. Although the staffs in this tertiary hospital are deemed registered nurses in their countries of origin s/he is still required to register with the Saudi Commission for Health Specialties to be recognised as a registered nurse in the Middle East.

Surgical registered nurse refers to a nurse who specialises in perioperative care, meaning care that is provided to surgical patients before, during and after surgery (Best ways on how to become a surgical nurse 2018). For the purpose of this study being qualified as a surgical registered nurse at the tertiary hospital means that the nurse must have the following: a three-year-study diploma or degree in nursing, three years post-graduate nursing experience in a surgical ward, registration with the Nursing Council in the country of origin and also with the Saudi Commission for Health Specialties in the Middle East.

1.7 RESEARCH METHODOLOGY

Polit and Beck (2012:741) described a research method as the technique used to structure a study and to gather and analyse information in a systematic way. Research methods involve the forms of data collection, analysis and interpretation that researchers proposed for their studies (Creswell 2014:247).

Qualitative research refers to “inductive, holistic, emic, subjective and process-oriented methods used to understand, interpret and describe life experiences and give them meaning” (Burns & Grove 2011:73). Qualitative research is mostly associated with words, language and experiences (Polit & Beck 2012:495). The proposed steps and strategies for this study are described below.

1.7.1 Research paradigm and design

A paradigm is a worldview, a general perspective on the complexities of the world (Polit & Beck 2012:11). It can be described as a lens through which to view the world or as a bundle of assumptions about the nature of reality and the kinds of methods that can be used to answer research questions about that reality (Denzin & Lincoln 2011). In this study the researcher appropriated the constructivist naturalistic paradigm using and used a qualitative research methodology.

Polit and Beck (2012:723) state that the constructivist paradigm is an alternative paradigm to the traditional positivist paradigm. The former paradigm holds that there are multiple interpretations of reality and that the goal of research is to understand how individuals construct reality within their natural context. In the constructivist paradigm, reality is not a fixed entity but rather a construction of the individuals participating in the research. The constructivist paradigm assumes that knowledge is maximised when the distance between the researcher and the participants is minimised (Polit & Beck 2012:12). Findings from in-depth qualitative research are typically grounded in real-life experiences of people with first-hand knowledge of a phenomenon (Polit & Beck 2012:15). This research relied on the participants' views of the annual performance appraisal

The researcher focused on understanding the perceptions of surgical registered nurses as it is lived, through the collection and analysis of qualitative methods. This research was conducted in its naturalistic setting, which is the tertiary hospital.

Research design refers to the blueprint for conducting a study; it guides the planning and implementation of a study in a way that is most likely to achieve the intended goal (Burns & Grove 2011:547). Creswell (2014:247) more specifically describes research design as types of inquiry or approaches that provide specific direction for procedures in a research study, while Polit and Beck (2012:741) define it as the plan for addressing a research question, including specifications for enhancing the study's integrity.

In this study the researcher utilised a qualitative approach following a generic exploratory, descriptive and contextual qualitative design (Percy, Kostere & Kostere 2015:78).

1.7.1.1 *Exploratory research*

Exploratory research, as the name states, intends merely to explore the research questions and does not intend to offer final and conclusive solutions to existing problems (Marshall & Rossman 2011:69). According to Polit and Beck (2012:272), exploratory research refers to a study that explores the dimensions of a phenomenon. The researcher of this study selected the exploratory design to gain new insights, discover new ideas and/or increase knowledge of the perceptions of surgical registered nurses who are involved in annual performance appraisal.

1.7.1.2 *Descriptive research*

Descriptive research refers to research that typically has as its main objective the accurate portrayal of circumstances and/or the frequency with which certain phenomena occur (Polit & Beck 2012:725). Burns and Grove (2011:536) define it as research that provides an accurate portrayal of real-life situations; research that describes what exists and categorises that information.

Interviewing surgical registered nurses in a focus group interview enabled the researcher to describe the phenomenon of annual performance appraisal as it occurs.

1.7.1.3 *Contextual study*

A contextual study refers to research that is done in a specific setting where the phenomenon is found (Polit & Beck 2012:735). The researcher explored the phenomenon of annual performance appraisal in a specific tertiary hospital – the surgical registered nurses' actual workplace. The research design was chosen to explore and describe the actual perceptions of the surgical registered nurses on the annual performance appraisal process at the tertiary hospital in the Middle East. Data collected will accurately represent the phenomenon under investigation in this tertiary hospital and the findings will thus be deducted from authentic data. The researcher enriched the authenticity of this study by including participants' direct quotes in the analysis and findings of the research report.

1.7.2 RESEARCH METHODOLOGY

The methodology that was followed is mentioned briefly below. Each step or process will then be described in detail in chapter 2.

1.7.2.1 *Population*

Burns and Grove (2011:544) describe a population as “all elements (people, objects, events, or substances) that meet the sample criteria for inclusion in a study; sometimes referred to as a target population.” For the purpose of this study, the target population, which was also the accessible population, consisted of all surgical registered nurses employed in a tertiary hospital who are subject to annual performance appraisal.

1.7.2.2 *Sampling*

As suggested by Polit and Beck (2012:724), criterion sampling “is a purposive sampling approach used by qualitative researchers that involves selecting cases that meet [a] predetermined criterion of importance, called inclusion criterion.” A sample of 20 surgical registered was selected according to specific inclusion criteria described in chapter 2.

1.7.2.3 *Data collection*

Data collection in qualitative research is the precise, systematic gathering of information relevant to the research, using methods such as interviews, participant observation, focus group interview discussion, narratives and case histories (Burns & Grove 2011:535). Focus group interviews refer to a strategy where groups are assembled to obtain the participants’ perceptions concerning a focused area in settings that are permissive and non-threatening in a qualitative study (Burns & Grove 2011:538). In this study, two groups were selected to share their perceptions during the focus group interviews.

1.7.2.4 Data analysis

Data analysis refers to a technique used to reduce, organise and give meaning to data (Burns & Grove 2011:535). Polit and Beck (2012:557) state that the purpose of data analysis is to organise, provide structure and elicit meaning from data. In this study, the researcher used the data analysis strategy developed by Collaizzi's (1978) cited in (Streubert & Carpenter 2011:79). The strategy is discussed in detail in chapter 2; refer to Table 2.1.

1.7.2.5 Measures to ensure trustworthiness

In qualitative research, trustworthiness refers to the degree of confidence the researcher has in his/her data, using the criteria of credibility, transferability, dependability, confirmability and authenticity. Streubert and Carpenter (2011:455) describe trustworthiness as “establishing [the] validity and reliability of qualitative research.” The researcher has used different strategies to ensure credibility, dependability, confirmability, transferability and authenticity.

1.8 ETHICAL CONSIDERATIONS

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants and the research process (Polit & Beck 2012:727). The researcher has ensured the ethical principles of protecting the rights of the research participants, protecting the rights on the tertiary hospital and the scientific integrity are considered from beginning to end of this study.

1.9 STRUCTURE OF THE DISSERTATION

Chapter 1: Orientation to the study

Chapter 2: Research design and methodology

Chapter 3: Data analysis and literature control

Chapter 4: Discussion of findings

1.10 SUMMARY

This chapter described the background of the research, presented the statement of the problem, purpose of the study, its research objectives and the significance of the study. It also defined key concepts that will be used in the study, provided an overview of the research methodology and the layout of the dissertation. Chapter 2 will describe the research design and methodology for the study in greater detail.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 INTRODUCTION

This chapter outlines the research design and methodology followed in the study. It includes a discussion of the population and sampling, data collection, data analysis, measures to ensure trustworthiness and ethical considerations.

The research question of this study was: What are the perceptions of surgical registered nurses towards the annual performance appraisal? The question was answered by meeting the objectives, namely, to explore and describe the perception of the annual performance appraisal process among the surgical registered nurses and to identify factors that impact on the current annual performance appraisal process.

2.2 RESEARCH DESIGN

The following is a summary of the research approach and the explorative descriptive contextual design of the study as described in section 1.7.1 of the study. This research project followed a qualitative approach based on the assumption that the richest information comes from the words of the surgical registered nurses as they understand and describe their perceptions of the actual annual performance appraisal process within the context of a particular tertiary hospital.

An explorative descriptive design was found to be appropriate. The researcher selected the exploratory method to discover new ideas and increase the current knowledge of the perceptions of surgical registered nurses being involved in annual performance appraisal, thus gaining new insights into the phenomenon of the annual performance appraisal process. These were analysed and described to accurately portray the phenomenon. The contextual design was selected because the data collected represents the annual performance appraisal under investigation in this particular tertiary hospital.

2.3 RESEARCH METHODOLOGY

Creswell (2014:247) defines research methods as involving the forms of data collection, analysis and interpretation that researchers propose for their studies. Polit and Beck (2012:741) define research methods as the techniques used to structure a study and to gather and analyse information in a systematic fashion. In this section of the study the researcher describes how the research sample was selected, how the data was collected from the sample and the way in which the data was analysed.

2.3.1 Population and sampling

Burns and Grove (2011:544) describe a population as all elements (people, objects, events, or substances) that meet the sample criteria for inclusion in a study, which is sometimes referred to as a target population.

As suggested by Polit and Beck (2012:724), criterion sampling is a purposive sampling approach used by qualitative researchers that involves selecting cases that meet predetermined criteria of importance called inclusion criteria.

2.3.1.1 *Setting and population*

The study setting refers to the environment where the research takes place. In this study the research setting was one of the largest tertiary hospitals in the Middle East. This hospital has a multinational workforce of almost 5000 personnel comprising registered nurses, para-nursing, auxiliary and support staff. At the point-of-care delivery, nurse managers, clinical instructors, nursing and non-nursing direct care providers collaborate directly with the patients, family, other members of the health care team and support staff to deliver and coordinate each patient's individualised treatment plan. The Surgical Care Division comprises 10 units, which each have 32 beds. Each unit is allocated an average of 34 surgical registered nurses according to the staffing plan and unit profile. In this study the population that was involved in the research was from the Surgical Care Division only.

For the purpose of this study, the target population was 700 surgical registered nurses working at the specific tertiary hospital. The accessible population were those surgical registered nurses who agreed to participate in the study.

2.3.1.2 *Sample size and sampling technique*

Polit and Beck (2012:742) define sample as the subset of a population comprising those selected to participate in a study. In this study the subset population was surgical registered nurses who had experience of annual performance appraisal and were willing to take part in the research on the days that data collection was scheduled. Sample size, in turn refers to the number of people who participate in a study (Polit & Beck 2012:742).

As stated by Holloway and Wheeler (2013:144), inclusion criteria stipulate that only certain people are included in the research. In this study the researcher's criteria were for participants to be surgical registered nurses who had worked in a surgical unit at the tertiary hospital for at least two years, had been through the experience of the annual performance appraisal at the tertiary hospital twice or more, and were able to communicate in English. These criteria ensured that participants had indeed developed perceptions of the annual performance appraisal that they could share.

Sampling technique: it was important to ensure a fair selection of participants (surgical registered nurses). The researcher circulated information regarding the proposed study to all the surgical units and invited eligible nurses to volunteer to participate. Volunteers were requested to email their responses to the researcher who documented their names against the preferred date given for the focus group interviews. The first 10 participants were given detailed information regarding the research and asked to sign informed consent prior to the commencement of the focus group interview.

This process gave all potential participants the same opportunity to be included in the sample.

Krueger and Casey (2015:82) described the optimum size for a focus group as six to eight participants. In this study the researcher invited 10 participants per focus group. The

researcher chose an extra number of participants just in case one of the participants did not show up.

2.3.2 Data collection

Data collection is the process of gathering information for research purposes. Burns and Grove (2011:535) define data collection as the precise, systematic gathering of information relevant to the research sub-problems. Data can be collected in a qualitative manner. This is done through specific methods such as in-depth individual interviews, participant observation, focus group interviews, narratives and case histories.

According to Polit and Beck (2012:728), a focus group interview is an interview with a group of individuals assembled to answer questions and discuss a given topic. Burns and Grove (2011:538) refer to a focus group interview as a strategy where groups are assembled to obtain the participants' perceptions concerning a focused area in settings that are permissive and non-threatening.

2.3.2.1 *Focus group interview*

Data for this study were collected through focus group interviews. The interviews were conducted in English. Krueger and Casey (2105:7) indicate that focus group interviews work particularly well for exploring perceptions and feelings and for thinking about issues, ideas, products, services or opportunities. The focus group interview allowed the researcher to explore the participants' perceptions of the annual performance appraisal.

The researcher sent invitations to all the surgical nurses in all the surgical units of the tertiary hospital. The researcher ensured that the criteria for participation outlined in the email. The researcher also sent an invite to a colleague who has experience in qualitative research and focus group interviews to be a moderator. As responses from participants came in, the researcher verified and checked that participants met the criteria for participating and scheduled them according to the date they selected for interviewing. The venue where the focus group interview would take place was then selected and booked.

The day before the focus group interview, the researcher sent a reminder email to all participants. The researcher also tested the digital voice recorder to ensure that it was functioning. The focus group interviews were conducted in the conference room.

2.3.2.1.1 Characteristics

There are specific characteristics of a focus group interview (Krueger & Casey 2015:6). A focus group is characterised by the fact that it is a small group of people who possess certain characteristics, provide qualitative data in a focussed discussion to help understand the topic of interest. These characteristics were described briefly as it relates to this study.

In this study the researcher conducted two focus group interviews, each of which comprised 10 participants who met the criteria. These interviews were held on 13 February 2017 and 20 February 2017 respectively for a duration of one hour.

As has been mentioned before, focus groups provide qualitative data. The data in the focus group were gained through open-ended questions. The researcher used the data gathered from the focus group to understand the perceptions of surgical registered nurses of the annual performance appraisal process. These perceptions were described in words.

Focus groups have a focussed discussion. The interview questions are carefully constructed to focus on answering the research questions. In this study the researcher prepared key questions (see Annexure G) to direct the discussion of the participants regarding the annual performance appraisal process. During the focus group interview the researcher ensured that the discussion did not deviate from the focus area. An analysis of the focus group interview data will inform the researcher's understanding of how surgical registered nurses perceive the annual performance appraisal.

2.3.2.1.2 Advantages and disadvantages

According to Polit and Beck (2012:538), the main advantages of focus group discussions are that they are useful for obtaining detailed information about personal and group

feelings, perceptions and opinions. In this study the researcher gained information that was produced collectively by the group as well as unique information produced by individual participants.

Another advantage of focus group interview is that they can save time and money compared to individual interviews. Data is collected from a number of participants at the same time. In this study the researcher made use of the conference room within the Surgical Care Division. The participants live within the hospital radius so there were no costs incurred for transportation as bus transportation to and from staff accommodation is free.

Focus groups can provide a broader range of information. The researcher has the opportunity to ask participants for greater detail, to seek clarification on a question or answer during a focus group session. The researcher is able to clarify ambiguities on the spot and follow up incomplete answers.

Some disadvantages of focus groups, among others, include the fact that they are logistically demanding, that technology can fail (digital recorder), that the researcher may be inexperienced in interviewing and exhibit bias when probing for information, that group dynamics and unexpected conflicts may inhibit discussions, that a shy participant may be intimidated by an assertive participant, and that data may be more difficult to analyse. Being aware of the disadvantages helped the researcher to prepare well.

2.3.2.2 Planning the focus group interview

Krueger and Casey (2015:35) suggest that the researcher should develop a written plan for the focus group interview. The value of the written plan is threefold: (1) A written plan forces the researcher to think through the study in a logical manner and clarify ideas; (2) the written plan allows decision makers to provide feedback; and (3) plans ensure that adequate resources and time are available to obtain needed information. See Annexure G for details of the interview questions and biographical details that were required from the participants.

The researcher planned three focus group interviews. The initial focus group interview was a pilot study that was conducted on 7 February 2017. Thereafter two focus group interviews were conducted on 13 February 2017 and 20 February 2017.

2.3.2.2.1 Pre-testing the interview schedule

Polit and Beck (2012:731) define an interview schedule as the formal instrument that specifies the wording of all questions to be posed to participants.

According to Krueger and Casey (2015:69), questions need to be tested before being used in a sample group. The purpose of the pre-test is to determine how easy it is to ask the questions without reading it, if the words flow smoothly and if the participants understand the questions. Delpont and Roestenburg (2011:195) state that pre-testing of the interview schedule also helps identifying the most effective probing questions for the actual research process. In this study the interview schedule was pre-tested at the Surgical Care Department with five surgical registered nurses who met the sampling inclusion criteria. These participants were not included in the actual research.

2.3.2.2.2 The benefits of pre-testing the interview schedule

The researcher was able to improve the wording of the questions as well as correct and improve translations of technical terms. Unnecessary questions were eliminated, and other necessary questions were added. The researcher was also able to estimate the time needed to conduct the interview. The pre-testing thus served as preparation for the researcher to conduct the subsequent focus group interviews.

2.3.2.2.3 Worthwhile observations from the pilot study

- Participants: All participants attended the focus group session and shared their perceptions. Two of the participants were a bit nervous, but they were reassured that the information they shared would be confidential. At the end of the pilot study, the researcher asked them whether the questions were clear or needed to be

modified. All the participants agreed that the questions were clear and concise and that they understood what was expected of them.

- **Environment:** The environment was comfortable for all participants. The researcher needed to place a “do not disturb” sign outside the venue to minimise distraction of other people coming into the room. One of the participants was a bit fidgety, opening sweets, and there was the ringing of a pager, both of which distracted the group. The researcher noted that a rule to switch off cell phones and pagers would need to be included in the next focus groups to minimise distractions and noise. Participants were happy with the environment.
- **Researcher:** The researcher was a bit anxious at the beginning of the interview, worrying that participants would be unable to answer the questions in order to meet the research objectives. The researcher was also concerned if the participants will be transparent with their perceptions as the researcher is also a nurse manager. Once the focus group interview was underway, the researcher’s anxiety subsided.
- **Interview:** Upon listening to the recording of the interview, the researcher observed that one or two participants kept agreeing with what another participant was saying. The researcher recognised these instances as missed opportunities to probe further and ask for clarification or what the participants were agreeing to.
- **Timing:** The interview lasted 40 minutes instead of an hour. The researcher noted that if all the opportunities were used for probing questions, the interview would have lasted an hour. Another reason for the shortened time could have been that there were only five participants; in a larger group an hour would be sufficient.
- **Experienced colleague:** The experienced colleague who the researcher had invited to assess how the pilot study was conducted identified the following: (1) Opportunities for probing were missed. (2) The researcher should ask any speaker to answer the question instead of addressing speakers in sequence, such as speaker 1 then speaker 2. After the first question asked, the researcher will make a

quick assessment of who the weaker participants are in answering then following questions should allow those participants to answer first before the vocal participants.

2.3.2.3 *Conducting the focus group interview*

The researcher took note of the following important aspects when conducting a focus group interview. Krueger and Casey (2015:117) state that the first few moments in focus group interviews are critical. In this brief time the researcher must give enough information, so that the participants feel comfortable with the topic; create a permissive atmosphere; provide ground rules; and set the tone of the discussion. The recommended introduction as identified by Krueger and Casey (2015:117) consist of the welcome, the overview of the topic, the ground rules (or things that will help the discussion go smoothly) and the opening question.

During the interview the researcher allowed the flow of the discussion and gave permission to participants to express differing points of view. The researcher used the pause and probe techniques. They were helpful in drawing additional information from the participants. The five-second pause was used after a participant's comment. These short pauses prompted additional points of view or agreement (Krueger & Casey 2015:120). The probe technique was used to request additional information. Common probes included questions and statements like: Would you explain further? Tell me more and please describe what you mean (Krueger & Casey 2015:120).

The researcher paid attention to how participants responded verbally and non-verbally. So gestures such as head nodding, short verbal responses and humour were noted and recorded as field notes (Krueger & Casey 2015:113). These were useful during the analysis of the data.

According to Krueger and Casey (2015:124-126), the researcher also needs to expect that participants may want to ask questions before the focus group begins, while the focus group is underway and at the conclusion of thereof. The participants asked questions at the conclusion of the interview.

A final meeting was conducted with all the participants to share the findings and recommendations of the study.

Boswell, Boswell and Cannon (2014:278) suggest that a focus group interview tends to last approximately one to three hours. In this study the focus group interviews were concluded after an hour. According to Krueger and Casey (2015:128), when concluding the focus group, the researcher ought to summarise the main points and ask the participants if the summary reflects what they heard in the group. Then the participants should be thanked and wished a safe journey home. The researcher summarised and concluded the focus group interview as suggested by the mentioned authors.

To capture the data, the focus group interviews were audio recorded (Krueger & Casey 2015:115). The researcher checked that the recorder was in good working condition by testing it first and ensuring that back-up batteries were available. The rationale for using a digital voice recorder was to ensure accuracy of transcription and to allow the researcher to concentrate on the interview.

2.3.2.3.1 Roles of the:

- The facilitator, also known as the interviewer, needs to respect the participants by not being dismissive. During the focus group, the interviewer should look at participants and shows that s/he is actively listening (Krueger & Casey 2012:104). S/he guides the discussion according to a written set of questions. The interviewer ensures that all members of the focus group participates in answering the questions and does not allow the more vocal participants to dominate the discussion. S/he must also be able to communicate clearly (Krueger & Casey 2012:105). The interviewer needs to be emotionally detached and able to have self-discipline to control his/her personal reactions.
- The experienced colleague ensured that the consent forms of all participants were correctly completed. S/he also ensured that the digital voice recorder was functioning and that there were extra batteries available. S/he further handled the logistics and environmental conditions. The experienced colleague welcomed the

participants as they arrived. S/he sat in a designated location that was close to the door and responded to unexpected interruptions and took detailed notes. At the end of the focus group the experienced colleague gave a debriefing to the researcher and all participants.

2.4 DATA ANALYSIS

Data analysis refers to a technique used to reduce, organise and give meaning to data (Burns & Grove 2011:535). In this study the researcher used the data analysis strategy developed by Collaizzi's in 1978 (cited in Streubert & Carpenter 2011:79). This strategy is described in the following seven steps and then summarised in Table 2.1.

2.4.1 Step one of Collaizzi's strategy

The first step of the analysis process involves the transcription of participants' audio recorded verbal responses. According to Collaizzi's (1978) process, the descriptions need to be transcribed verbatim and the essence of what the participant communicated ought to be captured in the transcription. Polit and Beck (2012:567) advise that the transcribed interview is then read a few times for the researcher to become familiarised with the text. As suggested, the researcher transcribed and familiarised herself with the recorded discussion.

Step two

The second step of the analysis requires the researcher to extract significant statements that directly relate to the phenomenon under investigation. Polit and Beck (2012:567) further suggest that the relevant, extracted statements numbered. Relevant words used by participants were highlighted in various colours. See attached annexure H.

Step three

At this stage of the analysis Collaizzi's (1978) recommends that the researcher attempts to formulate more general meanings for each relevant statement that was extracted from the interview. These formulated meanings ought then to be sorted into themes and sub-themes (Polit & Beck 2012:567). This stage of analysis will continue until data saturation is found. Data saturation in this study is when I can no longer form new subthemes and

themes. In the study similar colour coded words were grouped together to formulate a more general meaning which was then sorted into themes and subthemes.

Step four

In this step the researcher ought to develop a comprehensive description of the perceptions of the surgical registered nurses by considering all the themes and sub-themes generated during step three. The themes and subthemes were then formatted as shown in Table 3.1.

Step five

At this stage the researcher ought to interpret and analyse any symbolic representations made during the focus group interview. In other words, the non-verbal cues, such as laughing, nodding, sighing, crying, etc., ought to be considered. In the study these symbolic representations are indicated in brackets.

Step six

The second-last step of Collaizzi's strategy requires identifying the essence of the phenomenon, which is like step four. Here the findings will be reduced to eradicate redundant, misused or overestimated descriptions from the overall structure. Several amendments were done to the study to eradicate redundant, misused or overestimated descriptions with the assistance of my supervisor.

Step seven

The last step of this analysis process requires returning to participants for validation. Follow-up appointments ought to be made with participants to validate the essence of the phenomenon. Alterations will be made according to participants' feedback to ensure that their intended meaning is included in the essence of the phenomenon. the researcher sent the study through email to all participants to read and to validate the essence of the phenomenon.

Table 2.1 Collaizzi's strategy for data analysis

STEPS	PROCESS
Transcripts	Identifying significant statements and phrases
Extract significant statements	Identifying significant statements and phrases
Formulated meanings	Aggregation of the formulated meanings
Themes and sub-themes	Integrating all the resulting ideas
Exhaustive description of the phenomenon	Reduction of the exhaustive description
Fundamental structure	
Validation of exhaustive description and its fundamental structure	Returning to the participants

2.4.2 Trustworthiness of the study

2.4.2.1 Trustworthiness

Streubert and Carpenter (2011:455) explain that trustworthiness refers to establishing validity and reliability of qualitative research. According to Polit and Beck (2012:745) trustworthiness is the degree of confidence qualitative researchers has in their methodology, data collection and data analysis. This is determined by using the criteria of credibility, transferability, dependability, conformability and authenticity. The strategies implemented to ensure trustworthiness of this study will be described next.

2.4.2.2 Credibility

Credibility is demonstrated when participants recognise the reported research findings as their own perceptions (Streubert & Carpenter 2011:453). As stated by Polit and Beck (2102:585), credibility refers to confidence in the truth of the data and interpretation of it. The interview was done according to a pre-planned interview schedule and reflected the participants' voices as well as the condition of inquiry, which was recorded on tape and enhanced by taking field notes (Polit & Beck 2012:585). The focus group interviews were audiotaped to ensure accurate transcription of data. This means that the data to be analysed is the actual information that was given by the participants and not the views of the interviewer or the experienced colleague. Member checking, refers to the act of returning to participants to see whether they recognise the findings as their perceptions (Streubert & Carpenter 2011:48), was also done to ensure that the researcher understood

the given information correctly. It can be done during the interview, where the interviewer paraphrases and asks the participant if the interviewer understood correctly. The researcher did use paraphrasing during the interview in order to get clarity of participants' experiences and this can be identified in the transcripts. It can also be done during transcribing and after interpretations have been made. In this study the researcher verified with a specific participant during the stage of transcription when there was doubt. The researcher then checked the interpretations with the participants and, finally, the researcher's study supervisor scrutinised the research methodology and assisted her in constructing confidence in the truth of the findings.

2.4.2.3 Dependability

Dependability is a criterion for evaluating integrity in qualitative studies, referring to the stability of data over time and over conditions (Polit & Beck 2012:585). Dependability refers to the provision of evidence such that if the study were to be repeated with the same or similar participants in the same or similar context, its findings would be similar (Brink, Van der Walt and Van Rensburg et al 2012:172). An audit trail was done, the design was tracked, data were collected and then analysed. All this was done to ensure that emerging findings were congruent with the raw data and interpretation thereof. This means that if the study were to be repeated in a similar context with the same participants, the process and findings would be consistent.

2.4.2.4 Confirmability

Polit and Beck (2012:585) and Brink et al (2012:173) compare confirmability to objectivity that is the potential for congruence or agreement between two or more independent people about the data accuracy, relevance or meaning. To ensure confirmability, the researcher did analysis according to a proven process, namely Collaizzi's strategy described above in section 2.4 of the study. A second measure employed by the researcher was that of asking Mr Litaba Kolobe, who has experience in qualitative research to consider my data. He confirmed both my coding and interpretation.

2.4.2.5 Transferability

As indicated by Polit and Beck (2012:585) transferability refers to the probability that the study findings have meaning to others in similar situations. For the findings of this study to be transferable, the researcher described the context and methodology. The participants were purposively selected for the study as indicated in section 2.3.1.2 of the study. Focus group interviews were conducted until no new information emerged. Furthermore, the researcher applied strategies such as thick descriptions, purposive sampling and data saturation to enhance transferability as suggested by Brink et al (2012:173). A dense description of the context in which the study is done and the total research methodology along with a well described audit trail would allow for the same study to be repeated at the

same tertiary hospital with other categories of nursing staff and departments to identify if similar findings will be noted.

2.4.2.6 Authenticity

According to Polit and Beck (2012:585) authenticity refers to the extent to which researchers fairly and faithfully convey the accurate and adequate viewpoints of participants. The researcher enriched the authenticity of this study by including participants' direct quotes in the analysis and findings of the research report.

2.5 ETHICAL CONSIDERATIONS

Polit and Beck (2012:727) define ethics as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants and the research process.

2.5.1 Ethical clearance and permission

The research proposal was submitted to the Higher Degrees Committee of the Department of Health Studies at the University of South Africa in order to obtain ethical clearance for the study. Refer to Annexure A for a copy of the ethical clearance certificate number HSHDC/541/2016. Written permission was then requested and obtained from the tertiary hospital where the study was conducted. See Annexures B to E for a copy of the letter requesting permission to do the research, the letters granting permission and the informed consent forms.

2.5.2 Informed consent

Informed consent is an ethical principle that requires researchers to obtain the voluntary participation of persons after informing them of the possible risks and benefits of the study (Polit & Beck 2012:731). The researcher realises the importance of protecting human rights during the study. To this effect, the researcher made it clear to the participants that their participation in the study was entirely voluntary. The researcher prepared and provided the participants with an informed consent form that furnished them with all the information necessary for them to decide whether or not to participate in the study. The informed consent form contained information regarding the purpose of the research, the duration of their participation in the study and compensation for their participation. The form also explained anonymity and confidentiality and a statement that the participants may end their participation at any time (Streubert & Carpenter 2011:61). The form also contained the researcher's contact information so that participants could reach her to report any concerns during or after taking part in the study. Signing this form signifies a contract between the participant and the researcher. Refer to Annexure E for a copy of the informed consent form.

2.5.3 Beneficence

As suggested by Polit and Beck (2012:152) beneficence refers to doing well for others and preventing harm. Participants had to sign a declaration of confidentiality; see Annexure F for a copy of the declaration. This was to ensure that the identities of participants would be protected and that the information in the interview would not be shared beyond the interview.

During the interview and data analysis the researcher used numbers in order not to reveal the participants' names. Participants' identities would also be protected in any publications as collective findings would be reported. Participants were assured that participating or not participating in the research would in no way be communicated with the management of the tertiary hospital.

Furthermore, the researcher has kept all audio recordings, field notes and transcripts of the study in a safe place that is accessible to the researcher only.

2.5.4 Justice

According to Polit and Beck (2012:155) the principle of justice refers to equal share and fairness. A fair and non-discriminatory selection of participants was ensured through application of the inclusion criteria and voluntary participation process, described in section 2.3.1.2 of the study. The e-mail process of volunteering protected the participants from being identified. The researcher also treated nurses who declined to participate or who withdraw from the study after initial agreement in a non-prejudicial way.

2.5.5 Scientific integrity

Gallin and Ognibene (2012:44) state that the scientific community and general public rightly expect adherences to exemplary standards of intellectual honesty in the formulation, conduct and reporting of scientific research.

The researcher is aware of the importance of honesty and fairness in proposing, performing and reporting research. The researcher therefore avoided scientific and ethical misconduct, falsification and plagiarism.

All primary and secondary data will be preserved and be stored securely for five years. The researcher obtained approval from the Higher Degrees Committee of the Department of Health Studies at the University of South Africa and also from the Ethics Committee of the tertiary hospital in the Middle East where the research was conducted. These two committees were therefore a means of monitoring the integrity of the research.

The participants were informed that a copy of the findings will be handed to the Director of the Surgical Care Division as well as the University of South Africa where the researcher is registered.

2.6 CONCLUSION

Chapter 2 described the research methodology used during this study. The research design, sampling technique, data collection method, pilot interview and study population included in the study were presented. The chapter concluded with the strategies applied to enhance the trustworthiness of the study as well as an explanation of the study's ethical considerations.

Chapter 3 focuses on the findings and data analysis of this study.

CHAPTER 3

DATA ANALYSIS AND LITERATURE CONTROL

3.1 INTRODUCTION

Chapter 3 focuses on the analysis of the data concerning the perceptions of surgical registered nurses of the annual performance appraisal. The chapter presents the themes and the sub-themes that emerged from the raw data and refer to relevant literature that either confirm or contrast the findings of this study.

3.2 DATA MANAGEMENT AND ANALYSIS

What follows is a brief summary of the data management and analysis process, which was described in detail in section 2.4 of the study.

The language medium used in the interview was English. The responses of the participants were recorded using a digital voice recorder and the experienced colleague captured the nonverbal gestures observed during the interview. The interview was transcribed verbatim from recorder to paper by a professional transcriber. The researcher then listened to the audio recording and read the transcript to ensure that data stated in the recording was correctly transcribed. This enhanced the credibility of the study. The researcher used a manual process of data analysis, using the steps of Collaizzi's (1978) data analysis strategy as cited in Streubert & Carpenter (2011:79); refer to Table 2.1.

The recorded interviews were transcribed and read, significant statements from the transcription that directly related to the phenomenon were extracted, the meaning of the significant statements was described and the aggregate of meanings were organised in clusters of themes and sub-themes. These clusters were then described extensively after which findings were returned to participants to validate the descriptions and thus enhance the confirmability of the study.

3.3 ANNUAL PERFORMANCE APPRAISAL POLICY (ABC)

This section summarises the main aspects of the annual performance appraisal policy and process followed in the specific tertiary hospital. The information on the policy in the research context assisted the researcher to interpret the data collected from the participants. The annual performance appraisal policy has been given a pseudonym, ABC, to protect the privacy of the tertiary hospital.

3.3.1 Policy definitions and statements

The sections of the policy that are directly relevant to the study are described below.

Section 1 of the policy indicates that the purpose of the employee appraisal is to provide on-going monitoring and evaluation processes of employee performance for the continuation and reappointment of employees in the tertiary hospital.

Section 4 defines the terms used in the policy. In the policy, competency is defined as the ability to integrate one's knowledge and skills effectively while performing a job. These abilities may be observed and measured and are critical in determining a successful individual and his/her effect on the organisation's performance. Employee appraisal in the tertiary hospital refers to the systematic review and appraisal of employee performance based on established standards including individual competency assessments. The policy further defines job competencies as competencies required to carry out the duties of a specific job within the organisation.

Section 5 of ABC discusses the employee annual performance appraisal requirements and expectations.

Section 5.2 outlines the criteria on which nurse managers ought to base the nurses' annual performance appraisal. It states that the performance appraisals must be based on the continuous monitoring and evaluation of the nurse as per his/her current job description and other documented duties, experience, achievement, knowledge, skills and abilities critical to the organisation's ability to meet current and future objectives.

Section 5.3 states that all required annual credentials and competency based assessments must be current and filed on the employee's personnel file to be reviewed for annual performance appraisals and privileging. Examples of such credentials and assessments are: orientation programme documentation, evaluations, résumé, education certificates, nursing license copies, experience certificates and any other approved documents or mention made of any actions taken by the employee.

Section 5.5.2.1 states that it is mandatory for all employees working in the tertiary hospital to undergo an annual performance appraisal, which is the basis for promotion, merit increase or any other career development within the organisation.

Section 5.5.3 states that it is required that nurse managers carry out annual performance appraisals in a timely manner, at least three months before the contract end date of the nurse.

Section 5.6 describes the actions nurse managers need to take in order for the annual performance appraisal process to be deemed successful. It starts off by stating that the performance appraisal must not be merely a numerical assessment but must give the nurse manager and the employee the opportunity to recognise strengths, deal with areas that require improvement or growth, and assist the employee to reach optimal performance. Ways of achieving these outcomes include but are not limited to the evaluation and improvement of the employee's job performance, enabling each employee to receive regular feedback on job performance and become more effective in his or her position, recognising excellent employee performance and promoting the career or professional development and training of employees.

Section 5.9 gives clear instruction that employees must be informed of their performance appraisal, that the appraisal must be done through discussion with their nurse managers, and that all parties must sign the performance appraisal form.

Section 5.10 discusses what is required of nurse managers once the annual performance appraisal is completed. First, the annual performance appraisal form must be filed in the

employee's official personnel file and must be treated as confidential. The employee must also be provided with a copy of the completed and fully signed appraisal form.

3.3.2 Performance appraisal process

Section 6.3 of the annual performance appraisal policy describes the steps that nurse managers should follow in documenting the annual performance appraisal process. The initial step of the process is taken three months prior to the re-contracting date by the administrative department who sends a list of employees that are due for evaluation via electronic reminders to those nurses' immediate nurse managers. The nurse manager must then complete all applicable sections of the relevant employee' performance appraisal form with comments to explain the ratings given. These comments may be suggestions that can assist the employee to improve his or her performance in certain areas of weakness. The comments may also be commendations of his or her areas of excellent performance.

Section 6.3.5 highlights the fact that the nurse manager ought to meet with the employee to discuss the results of the evaluation and to reach agreement on the content of the final document. The evaluation ought to be signed by the nurse manager and the employee, indicating that the comments and final ratings of the appraisal had been discussed as mentioned above.

Section 6.3.7 of the policy underscores the fact that an employee's signature means that he or she acknowledges understanding of the comments and ratings given but does not necessarily signify agreement with the assessment. The completed performance appraisal document is then submitted online for further review and approval by higher management.

Section 6.3.9.1 outlines that for clinical expertise, any updated certificates and proof of competencies ought to be scanned and submitted together with the performance appraisal form.

3.4 COMPETENCY ASSESSMENT POLICY (XYZ)

This section of the study summarises the main aspects of the competency assessment (skills assessment) policy and process followed in the specific tertiary hospital. The information gained from this policy in assisted the researcher to interpret the data collected from the participants. This policy document has also been given the pseudonym, XYZ, to protect the privacy of the tertiary hospital.

3.4.1 Policy definitions and statements

Section 1 of the XYZ policy outlines the purpose of the competency assessment – to establish a process and mechanism to be used in order to evaluate and direct the competencies required to ensure that all nursing staff that provide direct patient care are able to provide safe quality care. It also endeavours to identify areas of educational needs growth and development in order to provide staffs the opportunity for on-going learning.

Section 2 outlines the types and definitions of competency used in the tertiary hospital. Competency is defined as the demonstrated ability of a nurse to apply the three domains of competency at the point of care; it also refers to the assessed capacity of a nurse to perform specified job functions. Generic competencies are those competencies that have been designated as such by nursing services and that are required of all nursing personnel across all positions. Unit specific competencies are those competencies required by specific units that are set up to provide specialised care based on the needs of the patient, for example the critical care unit and paediatric unit.

Section 3 encompasses the following stipulations: (1) All nurses working in the clinical environment must be deemed competent in all generic competencies as well as the unit specific competencies; (2) each nurse is responsible for his/her own continuing competence and re-assessment of that competence with the appropriate person; (3) nursing staff are responsible for identifying and communicating their learning needs and for taking initiative in seeking learning opportunities; (4) a nurse is deemed competent when s/he possesses the knowledge, skills and ability for lawful, safe and effective professional practice without direct supervision.

Section 3.8 discusses the requirements of re-certification in the following sub-sections.

According to section 3.8.1, all competencies, except for a few, need only be assessed once. The following competencies must be assessed annually for the purpose of re-certification: blood/blood product administration; point of care, which is assessed through a glucometer test; hand hygiene, which is assessed through an online test; central line-associated bloodstream infection (CLABSI), which is assessed through an online test.

According to section 3.8.2, re-certification of competencies will take place when there is a clinical practice concern related to specific competencies.

3.4.2 Competency process

Section 4 of the competency assessment policy, XYZ, explains the process of competency certifications. Competencies are reviewed by the competency steering committee of the tertiary hospital every three years. According to section 4.3, competency assessment ought to be performed throughout the period of employment as determined by the educational matrix profile and unit specific programme. The clinical resource nurse completes the education progress notes on the nurses and files all relevant documentation in the educational folder of the unit.

3.5 THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA

The report presents the combined findings of the two focus group interviews. Six themes and fifteen sub-themes are summarised in Table 3.1, followed by a discussion of each with reference to relevant literature. Extracts from the transcript depict the information as given by the participants. Extracts from focus group one are indicated as F1 and those from group two as F2. The participants are identified according to numbers, as speakers 1, 2, 3, etc. These are abbreviated as S1, S2, S3, etc.

Six themes emerged from the data, namely (1) current performance appraisal practices, (2) motivation, (3) communication, (4) competencies, (5) input from other sources and (6) suggestions to improve the annual performance appraisal.

Table 3.1 Themes and Sub-themes

Themes	Sub Themes
3.5.1 Current performance appraisal practices	3.5.1.1 Employee involvement 3.5.1.2 Scoring 3.5.1.3 Different appraisal approaches
3.5.2 Motivation	3.5.2.1 Monetary reward 3.5.2.2 Improved performance 3.5.2.3 Loyalty to the hospital
3.5.3 Communication	3.5.3.1 Open communication 3.5.3.2 Minimal communication
3.5.4 Competencies	3.5.4.1 Validating nursing competencies 3.5.4.2 Competency certification
3.5.5 Input from other sources	3.5.5.1 Recommendation by others 3.5.5.2 Recording of evidence
3.5.6 Suggestions to improve the annual performance appraisal	3.5.6.1 Guidelines for conducting the appraisal 3.5.6.2 Review of competency process and certification 3.5.6.3 Incentives

The table above depicts the themes and sub-themes that were identified during data analysis. These will be discussed next.

3.5.1 Theme one: Current performance appraisal practices

Annual performance appraisal is an important management tool in any organisation. The Business Dictionary (2018) defines appraisal as the process by which a manager examines and evaluates an employee's work behaviour by comparing it with pre-set

standards and documents. The results of the appraisal provide feedback to the employee to show where improvements are needed and why.

The ABC policy of the tertiary hospital where the study was conducted, explained in section 3.3, is the management tool used to guide the annual performance appraisal.

These sub-themes were identified: employee involvement, scoring and different appraisal approaches.

3.5.1.1 Employee involvement

It is stipulated in section 6.3.5 of the annual performance appraisal policy, ABC, that employees must be informed of their performance appraisal, that the appraisal must be done through discussion with their nurse managers, and that all parties must sign the performance appraisal form.

Asmu (2013:555) indicates that one of the key components of a successful appraisal interview is the degree to which employees get involved in the interview process, rather than being passive recipients or observers. Some participants in this study reported that the managers do involve them in the process of appraisal by allowing them to do self-evaluation prior to the appraisal.

“... we need to score our own self and then that nurse manager also will score you based on your performance.” (F1/S8)

“I was given the evaluation tool to take home and score myself which I was like, wow, that’s very good.” (F2/S2)

“... I felt like it’s a [indistinct] appraisal, ‘cause we’ve been given the tool to go and evaluate yourself. You’ll sit down, discuss your score ...” (F2/S6)

Other participants felt that they were not given the opportunity to discuss their appraisal with the nurse manager.

"I was not given that opportunity to verbalise if I'm happy with the score or something ..." (F2/S1)

"... the last one [appraisal] that I had, which was in September ... I did get a better score but the thing is she didn't let me speak out the things that I feel I need to address to her." (F1/S7)

"... but she didn't give me that opportunity for me to address those problems." (F1/S7)

"I was not asked anything. If ... what are my goals or anything? No. I was just given the paper." (F2/S2)

"No, they don't discuss the grade and they just give us then she will say that is your grade ..." (F2 /S10)

The above extracts represent how the nurse managers have breached the policy in section 6.3.5 and how the participants perceived it.

3.5.1.2 Scoring

In section 5.6 of the annual performance appraisal policy, ABC, states that the performance appraisal should not be about scoring but it should encourage communication between the nurse manager and the nurse about strengths, weaknesses, opportunities and threats.

It seems from the data that participants have strong opinions about the score given or not given. This is in some cases linked to the participants' personal growth and development trajectory.

"It is my tenth year. I was waiting for ninety percent. I was targeting ninety percent. Then I did not get ninety percent." (F1/S3)

“... and you still remain getting same percentage, there’s no improvement, at the end of the day, you ask yourself what I’ve done it means it’s not contributing ...” (F1/S5)

“... but the scoring, for me, I was really, really, really happy because there was a lot taken into consideration in as far as my performance at clinical area and with my colleagues and also with my nurse manager.” (F2 /S1)

“I am happy about it because my actual grade is a bit higher as compared to what I graded myself.” (F2/S5)

“What I have experienced is the nurse manager will tell me that you did well, and that other multidisciplinary health teams will write recommendation letters about your performance with patient care ... and then you will find that you still get the same percent that you get in the previous years. There is no change.” (F1/S5)

These extracts show how participants perceived scoring in different ways.

3.5.1.3 Different appraisal approaches

Price (2013:2) states that while managers must adhere to the organisation’s standards for the frequency, timing and record keeping associated with annual appraisals, and there is also a need to manage the appraisal process in such a way that it is meaningful to all stakeholders.

According to section 5.5.3 of the ABC policy, the annual performance appraisal must be completed three months prior to the re-contracting date. Section 5.6 points out that any special conditions identified during the appraisal discussion should be reflected on the annual performance appraisal form. Sections 6.3 and 6.3.5 describe how the nurse manager should conduct the annual performance appraisal process.

Some participants explained the difference they perceived between appraisals done by different nurse managers. Their opinions relates to the findings in sub-theme 3.5.1.1, in

section 6.3.5 employee involvement, and in particular to discussing the appraisal or aspects of the appraisal.

“I had been exposed to three nurse managers in this organisation, and all of them evaluated differently. The first nurse manager always gave us the annual appraisal tool to evaluate self and then submit, she will then evaluate you and compare her evaluation with yours and discuss the areas where there are discrepancies in ratings. The other nurse manager basically graded you without any input from anyone and you don’t have a chance to at least explain” (F1/S6)

“She really sit and talk with you, she will discuss with you ... and now we have different nurse manager ... we will talk about it some other time ... So I felt that it’s not supposed to be that way ...” (F1/S7)

“... I’ve had two evaluations by two different people. [The first evaluation] I was just given the paper, I got the percentage and I was like okay. [The second evaluation] I scored myself as I felt like I should, give it back to her. A day later she called me ... and I’ve never had this before. We sat down and we talked about it, one to one ...” (F2/S2)

Malik and Aslam (2013) suggest that management should pay more attention to the level of employees’ satisfaction with the performance appraisal process to achieve employees’ motivation, which in turn leads to better employee performance and productivity.

Participants also emphasised that they valued the opportunity to do self-evaluation as part of the appraisal process.

“I was given the evaluation tool to take home and score myself which I was like, wow, that’s very good.” (F2/S2)

“Usually in our unit, we are given self-evaluation before that [indistinct].” (F2/S5)

“... ’cause we have been given the tool to go and evaluate yourself.” (F2/S6)

The process of evaluating one's own performance can help to increase an employee's commitment to the appraisal process. Self-appraisal can also be useful for identifying areas for development. It is recommended that self-appraisals are used for professional development purposes, rather than for making administrative decisions, for example pay increases and promotions (Khan 2013:71–72).

The findings of theme one, current performance appraisal practices revealed that some participants perceived inconsistency between policy requirements and the way that the annual performance appraisals are conducted. The main issue was that they felt they were not involved in their own appraisal.

3.5.2 Theme two: Motivation

Motivation was the theme that emerged when participants described how they felt after an annual performance appraisal was conducted.

The Business Dictionary (2018) defines motivation as the internal and external factors that stimulate desire and energy in people to be continually interested and committed to a job, role or subject, or to make an effort to attain a goal. When applied to health services, Booyens (2014:384) says that one of the main focuses of the annual performance appraisal interviews is to motivate registered nurses and to improve work performance and patient care delivery.

The sub-themes that emerged from this theme were monetary reward, improved performance, and loyalty to the tertiary hospital.

3.5.2.1 *Monetary reward*

A monetary reward is a money-based incentive given when an employee meets or exceeds expectations. Monetary incentives can include cash bonuses, stock options, profit-sharing and any other type of reward that increases an employee's compensation (Aguinis 2013:2).

This study revealed that some of the surgical registered nurses do not feel the need to do their performance appraisals with their nurse managers as there are no longer increments given in the tertiary health facility.

“... but, recently, she [nurse manager] told me that I have been performing well, but I just answered it’s okay, we don’t have increment ...” (F1/S2)

“So now I don’t get increment because HR has stated I have reached my maximum/ceiling of my salary therefore I don’t qualify for an increment anymore.” (F1/S4)

“... there is no increment anymore, there’s nothing. Because it’s ... that hundred [indistinct] was making a difference ... so you find that we are so reluctant now.” (F2/S1)

“Even if I get ninety-five percent, there is no incentive.” (F2/S1)

“... people say money is not everything but, yes it is.” (F1/S3)

The literature shows that monetary rewards are among the most powerful factors affecting employee motivation and performance. The effect of receiving monetary rewards often translates into other positive outcomes such as employee retention and drives employees to exert more or less effort in doing their tasks (Aguinis 2013:2–3; Baldwin, Bommer & Rubin 2013:262). The opposite may also be true as, according to Trevor, Reilly and Gerhart (2012:585–610), employees who are star performers are demotivated when equal rewards are given to all employees regardless of performance.

The motivational theory of Frederick Herzberg (cited in Baah and Amoako 2011) suggests that money is not the ultimate motivator. According to this theory, factors such as achievement, recognition, job enrichment, responsibility and advancement are motivators that stimulate staff members to improve their work performance instead of money. This is also described by Huber (2010:201) who acknowledges that working conditions, job

security, policies and a supportive environment are regarded as factors that keep staff members' contentment. Similar perceptions came from participants as described below in section 3.5.2.2 of the study.

Concurring with the aforementioned is Harunavamwe and Kanengoni (2013) study results, which showed that particularly lower level employees prefer flexible working hours, merit pay and recognition as the top three motivational rewards.

Managers who wish to enhance work performance among staff members should ensure that a balance is maintained between different motivating factors (Amoako and Dartey-Baah 2011:7). In this study it was found that although some participants were motivated by monetary rewards, others were motivated by improved performance, as will be discussed next.

3.5.2.2 Improved performance

The Business Dictionary (2018) defines improved performance as enhancing or making performance better in terms of quality, value or usefulness. The term also applies to the improvement of competencies and work performance of employees (Booyens 2014:384). In this sub-theme participants reported that they felt motivated when recognised for their hard work and commitment.

“For me, it’s like a summary of what I’ve done good and bad for the whole year and also about the areas that I really need to improve and which areas I am lacking in knowledge or leadership, interpersonal skills with my fellow colleagues and also doctors and also with the patients.” (F1/S7)

“Last year I discussed with my nurse manager about my annual performance appraisal, she identified areas I needed to improve on, like, anger management. She [nurse manager] advised me and supported me. One day I just heard her telling me that my behaviour has improved and she did not receive any complaints from my patients. The annual performance appraisal for the current year reflected the improvement in behaviour.” (F1/S10)

“My experience, I may say, it’s not bad because [the annual performance appraisal score] it’s increasing and I was promoted.” (F1/S9)

Good feedback, through the performance appraisal mechanism would help employees to know how they are progressing within the organisation and carrying out their duties, tasks, and responsibilities.

According to Mohamed-Aly and El-Shanawany (2016:20) increased nurses’ satisfaction with the performance appraisal process results in increasing intrinsic motivation thereby achieving better performances and productivity among nurses.

Booyens (2014:387) suggests that accurate and rich feedback given to the registered nurse influences the acceptance of the performance appraisal results. Selvarajan and Cloninger (2012:364) concur that if employees perceive the annual performance appraisal process as fair and accurate, appraisals can serve as a motivation to improve performance. A study in 2014 in Iran revealed the failure to provide feedback to employees resulted in employees becoming dissatisfied and reducing performance (Afsharnejad and Maleki 2014).

The findings of this study demonstrate the views of the authors above.

“I mean there are some areas that I need to improve ... I need to continue on so that I’ll be able to provide good care to my patients.” (F1/S1)

“For me performance evaluation is like a summary of my performance, it’s [sic] include my weakness and my strengths ... from that so I can improve myself.” (F2/S3)

“I’m not going to go back, but I will push forward, push forward until maybe I reach four [a high score].” (F2/S1)

3.5.2.3 Loyalty to the hospital

Ojokuku (2013:20–28) suggests in his study that motivated employees feel a certain bond with the organisation, which, in the positive form, makes them more willing to perform. Those individuals who feel motivated, challenged and satisfied in their jobs are much more likely to be committed to a given organisation.

Data of this study demonstrates that the performance appraisal raises awareness among participants of the relation between themselves and the tertiary hospital.

“For me it is in my benefit ... did I benefit the organisation for the past or ... and if the organisation ... my nurse manager will be signing another contract here ...”
(F1/S3)

“And am I contributing to the institution or am I gaining from the institution itself?”
(F1/S9)

“There are three things that we have to remember. We are an institution in which we render care ... secondly, the staff that you’re handling, of course, and then third, the most important, is your patient.” (F1/S6)

“I am contributing a lot. Yes. The way I am dedicated and I also have passion for what I’m doing.” (F1/S5)

In an article by Ajmal, Bashir, Abrar, Khan and Saqib (2015), they suggest that the balance between monetary and non-monetary rewards plays a role in increasing the level of job satisfaction, motivation and organisational commitment. Different authors describe a number of non-monetary rewards that were not mentioned by the participants of this study. For example, Long and Shields, (2010:1145–1172) and Brown and Sitzmann (2011:469–503) mention that training and development opportunities, offered as rewards for good performance, help not only to motivate employees but also increase their job-relevant knowledge and skills. Aguinis (2013:2–3), on the other hand, views job enrichment is an important motivator because individuals derive personal meaning from enriched jobs. He

further states that non-monetary rewards involve not only praise and recognition but also various goods and services, such as formal commendations and awards, a favourable mention in company publications, receiving praise in public, letters of appreciation, status indicators such as an enhanced job title, a more flexible work schedule, greater job autonomy, paid sabbaticals and more interesting work.

Further examples of non-monetary rewards are put forward by Douglas (2012). They include training and development, covered parking spaces, a gym membership, a new piece of furniture, going to social events or vacations with co-workers and even an opportunity to get out of one's least favourite project. The latter would, of course, be reserved for top performers only.

In section 5.5.2.1 of the ABC policy, it is stated that the appraisal of employees is considered in terms of promotions, merit increases and career development. Of these the merit increases have been communicated by the participants; refer to section 3.5.2.1 of the study.

"... and I was promoted to SN one. So I may say maybe I am performing good enough." (F1/S9)

"She also asked me about my plans, what are your career moves for this year?" (F1/S2)

The second theme, motivation, revealed that there are surgical registered nurses who perceive monetary rewards as a motivator and there are those who are motivated by being acknowledged for improved performance. However, it was found that a number of participants were not motivated to undergo appraisal due to the fact that monetary rewards or promotions were not at stake.

3.5.3 Theme three: Communication

Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs or behaviour (Mariam Webster

Dictionary 2016). Communication can be verbal or nonverbal. Doyle (2018) states that effective verbal communication skills include more than just talking. Verbal communication encompasses both how the nurse manager delivers messages and how the nurse receives them. Miller (2014), in turn, describes the importance of continuous communication and suggests that all managers must give feedback to employees in a timely manner throughout the year. Nurse managers should never opt to postpone discussions regarding successes and shortcomings until an annual performance appraisal review. By continually giving feedback and measuring goal progress throughout the year, neither nurse manager nor employee would be surprised when appraisal time comes around.

Employees and their nurse managers should communicate often so that employees will understand their status and progress against goals at any given time (Miller 2014). Continual feedback also alleviates the tension associated with the review process. If the nurse manager has been consistently giving feedback and documenting progress, both manager and employee will be well prepared for the performance appraisal meeting.

In the e-book, *The skills you need guide to interpersonal skills* (2016), suggests that effective verbal or spoken communication is dependent on a number of factors and cannot be fully isolated from other important interpersonal skills such as non-verbal communication, listening skills and clarification. Clarity of speech, remaining calm and focused, being polite and following some basic rules of etiquette will all aid the process of verbal communication. Non-verbal communication includes facial expressions, the tone and pitch of the voice, gestures displayed through body language (kinesics) and the physical distance between the communicator.

The ABC policy of the tertiary hospital does not detail how the annual performance appraisal review should be conducted. Section 6.3.5 of the annual performance appraisal policy, ABC, states that the nurse manager should meet with the employee to discuss the results of the evaluation and to reach agreement on the content of the final document.

The researcher is of the view that health professionals would communicate in a professional and acceptable manner and not allow personal circumstances to influence

communication with each other. When the topic of communication was discussed in the focus group, the following subthemes emerged: open communication and minimal communication.

3.5.3.1 Open communication

Open communication occurs when the appraised person and the appraiser are able to express ideas to one another in a conversation. Open communication has distinct characteristics such as being supportive, participative and trusting (Business Dictionary 2018).

Study participants reported open communication in cases where some of the nurse managers were willing to discuss the annual performance appraisals in detail with them.

“During the annual performance appraisal, we have the open communication with the nurse manager.” (F1/S 8)

“She also asked me about my plans, what are your career moves for this year?” (F1/S2)

“I can discuss with my nurse manager what are, which areas I should improve in.” (F1/S10)

“I like it because it’s a two way she will give you and then you read, you go through everything ...” (F1/S5)

Uhl-Bien, Riggio, Lowe and Carsten (2014:83–104) state that research on communication dynamics have repeatedly shown that relational messages create a supportive communication climate where individuals feel that their participation is valued. Furthermore, when an interview contains many of these interaction patterns, we expect favourable nurses’ reactions in terms of perceived nurse manager support.

The researcher asked one of the participants what the nurse manager would do if she (the participant) was unhappy with her score. The participant replied:

“Encouragement. Words of encouragement and support.” (F1/S9)

One of the participants gave an extensive explanation of how the open communication about her uncontrolled anger assisted her to improve her personal relations with staff from other departments and patients.

“... she said I improved a lot. She didn’t receive any complaint from my patient. She don’t even receive any complaint from other department that I [sic] fight with them. So it’s a big improvement for me.” (F1/S10)

Another participant said:

“I really had improved myself. I listened to what her advices that she had given to me. So I think I gained a lot from what she had told me.” (F1/S4)

The above extracts confirm what Saks and Gruman (2012) say about participation in appraisals and how it fosters an atmosphere of cooperation and support. This may encourage the development of a coaching relationship between nurse managers and surgical registered nurses that can play an important role in performance management.

3.5.3.2 Minimal communication

In this study minimal communication means that there is a lack of detail or a complete lack of interaction between nurse manager and the nurse during the annual performance appraisal.

Contrary to the open communication reported by participants in the previous section that deals with the sub-theme of open communication, participants also reported that minimal communication took place during the annual performance appraisal interview.

“She didn’t let me speak out the things that I feel that I needed to address her. “She is sick we will talk about this some other time”, (F1/S7)

“My current nurse manager, basically she gives you the appraisal and you do not have a chance to at least explain your side. At the end of the day, you have no choice but you just have to sign it.” (F1/S6)

“It’s a new manager. She did not say anything. She just told me this is your score, this is your evaluation, and so are you happy with it?”(F2/S7)

Asmu (2013:553–570) describes the advantages of nurses’ involvement in appraisal interviews. Nurses may possess important and relevant information about their own performance and capacities for development of which their nurse managers is not fully aware. He further states that appraisal interviews should provide room for both interview partners to express their views and opinions, and as such, both conversation partners will have meaningful perceptions of the conversation.

This is illustrated by the following data:

“You will know what are the things that you perform well and not perform and then what are your weaknesses and strength ...” (F1/S8)

“I’m just telling that they [nurse managers] don’t know much about ... exactly what are we doing ... I prefer my manager to understand us more than ... before they evaluate our paper.” (F2/S9)

“... I felt that this scoring really doesn’t reflect who I am because I know my strength and I know my abilities at work with my patients, clinical duties, including teamwork and everything.” (F2/S1)

In the third theme, “communication”, the participants verbalised their positive and negative perceptions of communication with the nurse managers during the annual performance

appraisal. Positive performance appraisal communication and feedback would reduce any evaluation hesitation and enhance motivation in performing the job.

3.5.4 Theme four: Competencies

Competency is defined as an expected level of performance that integrates knowledge skill, abilities and judgment (Brunt 2014:22). Competency involves both the ability to perform in a given context and the capacity to transfer knowledge and skills to new tasks and situations (Brunt 2014:24). Section 4 of the ABC policy defines competency as the ability to integrate one's knowledge and skills effectively while performing a job. These abilities may be observed and measured and are critical in determining a successful individual and their effect on corporate performance. The policy further defines job competencies as the competencies required to carry out the duties of a specific job within the health facility.

The following sub-themes emerged: validating nursing competencies and competency certification.

3.5.4.1 *Validating nursing competencies*

In the tertiary hospital where the study was conducted, validating of nursing competencies meant that nurses were expected to demonstrate certain nursing skills to be considered competent to render patient care. Such competency validation is performed annually.

Competencies assist in identifying performance criteria to improve the accuracy and ease of observing, discussing and evaluating performance. Competencies provide a foundation for dialogue with the nurse manager about performance, development and career related issues (Schmitt, Blue, Aschenbrener and Viggiano, 2011:1351).

The data shows that some participants see the value of validating nursing competencies but other participants do not agree with it.

“... some people do it. Some people don’t. Because this is very important, the competency for certain unit. It should be up to date.” (F1/S3)

“Like all the competency must be updated ...” (F2/S4)

“We’re doing it almost every day. So I don’t ... I can’t see any point of repeating it every year.” (F1/S9)

“... is it really, is it really, really necessary that, really, we do this every year? I don’t know.” (F2/S1)

“It’s this yearly re-certification that we have to do for POCT, point-of-care testing [blood sugar check]. We are just doing it just because we are due our annual performance appraisal.” (F1/S5)

One participant mentioned that the evaluation of competencies is the same every year, thus has little meaning or value.

“I can copy and paste from this year to next year. I am sure I know all the answers, I don’t even have to look, just click, click, click I’m done.” (F2/S9)

Schanne, Stern, Hand, Collins, Kirk, Kweeder, Brody, LaPorta and Meehan (2016:201) asserts: “The ultimate goal in validating staff competency is to provide safe patient care. If managers only use competencies to control employees’ work and identify problems, it shifts the assessment component to focus on poor work performance issues”.

Likewise, section 1 of the competency assessment policy, XYZ, of the tertiary hospital states that the competencies are important to ensure safe and quality direct patient care.

In this study it seems that the participants did not perceive safe patient care as a benefit of the annual validation and therefore as a priority. In particular, they were not keen on validating competencies they performed on a daily basis. One participant even stated that

validating competencies is something that has to be done only as part of the annual appraisal.

“... it’s this yearly re-certification that we have to do. Are we doing it because we are supposed to do or we are just doing it just because we are due for evaluation?”
(F1/S5)

In contrast to participants’ views, Meaney ,Bobrow ,Mancini ,Christenson ,de Caen,Bhanji and Leary (2013) affirms that evaluating competency is of vital importance within the healthcare setting. All healthcare providers need to practice competently and safely.

3.5.4.2 Competency certification

In this sub-theme the participants identified the discrepancies between processes that are followed and processes that are supposed to be followed with regards to competency certification as part of the annual performance appraisal.

The competency assessment policy, XYZ, section 3.8.1 contains the re-certification process and in section 4.3 it describes the responsibility of the clinical resource nurse in terms of recording the educational progress notes of nurses in the educational file of each unit.

According to data, it seems that the correct processes often are not followed. Some participants reveal misleading practices, where nurses will pretend to take part in the re-certification by just signing the attendance list and not staying for the full session.

“Because sometimes the nurses will attend the session, sign and then go out.”
(F1/S5)

“I have seen another nurse signing for her colleague who is not in attendance for the session.” (F1/S3)

Other comments by participants also addressed the fact that scoring is not congruent with certification processes.

“Some staff, three years/four years, did not even go to re-certify their competencies, example, pain management, and yet they still attain high percentage score for their appraisal.” (F1/S3)

“We all attend IV cannulation workshop, then the CRN [clinical resource nurse] has to supervise us at the bedside, to see if we are able to insert the cannula, but even though all of us are certified to be competent, some of the nurses still cannot insert the cannula ... and yet will receive a high mark for their annual performance appraisal.” (F1/S2)

Findings of theme three, competencies show that evaluation of competencies, prior to the annual performance appraisal interview is an integral part of the appraisal process of this tertiary hospital. However, participants seem frustrated as some of the competency validations, which are conducted yearly focus on nursing skills that are performed on a daily basis. They also perceive irregularities in the practice of re-certification in a negative way.

3.5.5 Theme five: Input from other sources

Caruso (2014) mentions that one of the many strategies that organisations use to enhance the traditional performance appraisal process is to incorporate feedback from multiple sources such as peer reviews. In peer reviews, teammates and colleagues are anonymously asked to provide input on specific aspects of an individual's performance. Peers have a unique opportunity to observe employee performance and can offer great insight into an individual's interpersonal, collaborative and influencing skills. A peer appraisal encourages recognition, facilitates accountability for performance improvement, increases the accuracy of performance ratings and reveals hidden talents.

Reynolds (2017) confirms that the traditional annual performance appraisal usually does not provide a complete picture of a year's worth of work. He suggests that the 360-degree

evaluation allows feedback from nurse managers, colleagues, subordinates and even patients. It also requires nurses to evaluate their performance themselves. Booyens (2014:389) affirms that the critical incident rating method can be used by the nurse managers to keep a written record of favourable and unfavourable performance of each staff member to use in the appraisal period.

The following sub-themes emerged: recommendations by others and recording of evidence.

3.5.5.1 Recommendations by others

The participants identified the sources from which nurse managers can gather input about their work performance in order for the annual performance appraisal to be more complete and accurate.

The following extracts demonstrate how participants feel about nurse managers obtaining input from others regarding their performance.

“The CRN [clinical resource nurse] and the CNC [clinical nurse coordinator] should be involved with the annual performance appraisal because, basically, they are on the bedside with us.” (F1/S6)

“If you go to the patient, that’s good.” F1/S6)

“When nurse managers are doing evaluations for the staff [surgical registered nurses], not to base it on their assessment only. Look for others, health team members and patients that can help evaluate the person.” (F1/S 8)

“We have to involve multidisciplinary approach when the annual performance appraisal is done, so that it is fair.” (F1/S2)

“Every day, in her shift, she [the nurse manager] should follow you, so she will know your performance and she will be able to do your annual performance appraisal accurately.” (F1/S9)

Traditionally, it has been the sole responsibility of managers to assess performances. However other organisational members can be a valuable source of information as they are likely to have exposure to different aspects of an employee’s performance (Daoanis 2012:55–62).

Allied health team members and colleagues can provide valuable feedback on performance, particularly where teamwork occurs. In addition, if more than one colleague rates a nurse’s performance; their evaluations tend to be more reliable. Co-worker evaluations, however, may be biased towards those nurses most well-liked in an organisation; this is known as friendship bias (Reynolds 2017).

Furthermore, co-worker appraisals may have a negative impact on teamwork and cooperation if employees are competing with one another for organizational incentives and rewards (Gayathri 2013).

3.5.5.2 Recording of evidence

The participants mentioned that evidences received with regards to their work performance should be documented throughout the year and kept in their personnel files for review when annual performance appraisals are due. Examples of such documents include informal compliments and appreciations as well as official documents, such as goal sheet plans. Section 5.3 of the annual performance appraisal policy, ABC, lists the official documents required for annual performance appraisal reviews.

The following extracts reflect the issue of documented evidence.

“Every year, when we have our evaluation, we will write our goal at the end. So, the next year evaluation ...” (F1/S10)

“You will find that there are even letters from other people recommending you or complimenting you that you are doing very well, the way you coordinate with them, they even write the letters to the nurse manager about your performance, but the nurse manager does not consider these evidences when doing your evaluation. You will still receive the same score.” (F1/S5)

Booyens (2014:386) indicates that performance appraisal interviews require the nurse manager to prepare for the session by collecting the data over a reviewed period. The nurse’s performance is evaluated against the pre-discussed and agreed-upon job description, by both the nurse manager and the nurse. Regarding this matter, the surgical registered nurses in this tertiary hospital set goals for the coming year. Evidence of how the goals are met or not met should be part of the appraisal.

Khan (2013:71–72) affirms that a common trap is to only begin noting observations of employees just before conducting appraisals. This is likely to give an inaccurate picture of employees’ performance. Ideally, employees’ performance should be observed in a systematic way over time.

Section 5 of the annual performance appraisal policy, ABC, states that objectives are set and written in the “future job related goals and objective” section of the performance appraisal form for the following year. This method ensures the accuracy of information about their performances. However, many employees in this tertiary hospital operate with a relatively high degree of autonomy. This, combined with the heavy workload of most nurse managers, may limit opportunities to conduct regular observation of employees’ performance. In addition, perceptions of on-going monitoring may foster a sense of surveillance, which can damage staff morale.

Findings of theme five, input from other sources show that participants want the nurse manager to consider more comprehensive input about their performance when they do the annual performance appraisal. This should include reports from other health team members as well as comments from patients.

3.5.6 Theme six: Suggestions to improve the annual performance appraisal

Towards the end of both focus group interviews, the researcher posed the following question to participants: “What would you suggest to be considered by management with regards to the current performance evaluation process or tool?”

Upon analysing the data, there were no specific suggestions but mostly a repetition of the perceptions that were discussed already in themes one through five. The researcher, nonetheless, decided to highlight those issues.

The sub-themes of theme six are guidelines to conduct interviews, review of competency certification, and incentives.

3.5.6.1 Guidelines for conducting the appraisal

The Cambridge Dictionary (2018) defines guidelines as information intended to advise people on how something should be done. The researcher found that the tertiary hospital has well formulated policies regarding annual performance appraisal in place; refer to sections 3.3 and 3.4 of this study. The data shows that participants do not refer to the ABC policy as such; they rather suggest more specific procedures to standardise how the annual performance appraisal is conducted.

*“Self-evaluation should generalise in all units here because some units don’t do it.”
(F2/S2)*

“I hope that the requirement for evaluation should be all the same. In some units, we have to do self-study modules. Some units they say no need; to any self-study modules. It should be all the same.” (F2/S3)

“... every manager, they should have the same approach.” (F2/8)

However, some participants did not see the need for changes to the appraisal procedures; they perceived the existing appraisal form as positive.

“For me, I like the tool ... there is colour and you can see every part of things that they want you to do ... That is actually very easy to understand.” (F1/S3)

“And it is specific also.” (F1/S1)

According to Booyens (2014:386), there are general guidelines that can enhance the effectiveness of the performance appraisal discussion. Good preparation is most important. The nurses want to know how their performance is viewed, what is expected of them, how they can improve, how their roles contribute to the mission and vision of the organisation and what opportunities are available to advance their careers.

The extracts emphasises the importance of good communication, an aspect previously highlighted by the participants in section 3.5.3 of this study.

3.5.6.2 Review of competency process and certification

Most of the participants understand the importance of being certified as competent with their nursing skills, however, some of them perceive the rationale for certification only in terms of up-coming performance appraisals. The system of evaluation and certification is perceived as ineffective by the nurses because nurses sign for each other the attendance list re-certification.

“I’m sorry. They sign for another person. The same lady ...” (F1/S3)

[In reply to the previous comment] *“I’ve witnessed, so I’ve seen it this year.” (F1/S5)*

Participants also suggested that the frequency of certain competencies needs to be reviewed. An example given was for POCT (Point-of-Care testing) which is done annually. POCT is the analysis of patient specimens outside the clinical laboratory, near or at the site of patient care, usually performed by clinical staff without laboratory training, although it also encompasses patient self-monitoring. The POCT given in the example was that of the blood glucose check. Blood glucose checks are done at a minimum on a daily basis and at most two-hourly if patients are on an insulin infusion. Based on this, the surgical

registered nurses feel that there is no benefit in conducting annual competency assessments for their ability to do the blood glucose check competency.

“This yearly re-certification that we have to do. Are we doing it just because we are due evaluation?” (F1/S5)

“When I look at the question, when I came the first year, same first year. The second-year evaluation was the same question. Third year, also same. So what’s the point me doing the same question all the time how{sic}... what kind of competency [CROSSTALK].” (F2/S9)

“... the same question. I can copy/paste from this year to next year. I [indistinct] and I’m sure I know all the answer, I don’t even have to look, just click, click, click, I’m done.” (F2/S9)

“The competency for POCT [Point-of-Care Testing] to extend it, because its yearly, some competencies like BMS [Basic Medication Safety] competency it’s every two years.” (F1/S8)

“Mandatory competencies like point of care, back care, fire; I don’t know why we should do it every year.” (F2/S1)

Participants suggested that nurses who are unable to perform certain skills like intravenous hep-lock insertions should not be certified as competent and this should reflect on their annual performance appraisal.

“Just like ... we’ve done the competencies for this one, this one, this one, but, bedside, how does the nurse perform? (F1/S2)

“We pass the competency but bedside can ... you don’t know how to ...” (F1/S2)

Inconsistency in the criteria for certifying nurses as competent demoralises them and may ultimately cause them to lose faith in the performance appraisal system.

3.5.6.3 Incentives

The Business Dictionary (2018) defines incentive as a monetary gift provided to an employee based on performance, which is thought of as one way to entice the employee to continue delivering positive results. Incentive pay may come in the form of a bonus, profit-sharing or commission.

The annual performance appraisal policy, ABC, has an Appendix E attached to it which explains the Merit Increase Recommendation Guidelines for Nursing Services. The purpose of merit increase is to recognise and reward employee performance over a designated period of time once a year. Employees are entitled to receive a minimum of four steps per year and may not exceed 25 steps of the position grade and step.

Table 3.2 Merit increase guidelines

Evaluation Rating Scale	Percentage/Points	Merit Increase	Employee Evaluation Points	Recommended Merit Award	Approved Merit Award
Unacceptable	59 and below	0			
Marginal	60–70	1			
Average	71–81	2			
Above Average	82–92	3			
Excellent	93–100	4			

The table above explains the rating scale. For a better understanding thereof, consider the following experience of S2:

“Eighty-nine percent. And I was like oh.” (F2/S2)

The specific participant scored eighty nine percent for her evaluation. The eighty nine percent is deemed above average and her merit increase would have been three steps for

that period of the appraisal. Administrative department would have then approved the merit award that would have been reflected in her salary. However, a royal decree was issued 3 years ago that indicated the merit increase was put on hold till further notice. The expression (“oh”) indicated by the speaker suggested that it was of no value to her as she would not receive a merit increase.

In this study the surgical registered nurses expressed the desire for the merit increase to be re-instated in order for them to feel motivated.

“There’s no increment anymore, there’s nothing. If our performance evaluation is due: I don’t care.” (F2/S1)

“But I think it’s a big topic, merit increase.” (F1/S3)

“Yes, there is no incentives.” (F2/S1)

Incentive industry research consistently proves that implementing programmes to reward employees is effective in helping to retain quality talent and boosting workplace morale. In a study conducted by Stolovich (2010), his findings suggest that incentive programmes improve performance. If selected, implemented, and monitored correctly, incentive programmes – with awards in the form of money or tangible awards – increase performance. The research found that incentive programmes can increase interest in work. When incentive programmes are used to encourage “thinking smarter”, performance increases. He further states that incentive programmes attract quality employees. Organisations that offer properly structured incentive programmes can attract and retain higher quality workers than other organisations.

The information in theme six, suggestions to improve the annual performance appraisal highlights the importance of using the same approach for everyone in doing the performance appraisal. Participants also indicated that they would like to see a review of the competency certification process and the reinstatement of monetary incentives for nurses who perform well.

3.6 SUMMARY

In this chapter the data obtained in the study were presented. The six themes and 15 sub-themes were described, and relevant literature was referred to. The significant issues identified from the data show that some of the participants had satisfactory perceptions of the appraisal process, while others found it frustrating and unpleasant.

The findings of the study will be discussed in the next chapter.

CHAPTER 4

DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

This chapter summarises the findings and further compares them with existing literature.

The researcher viewed the policies (annual performance appraisal, ABC, and competency assessment policy, XYZ) regarding the annual performance appraisal in the particular tertiary hospital and considered them to be well formulated and able to guide nurse managers in the process of appraisal; refer to sections 3.3 and 3.4 of this study. Participants, namely the surgical registered nurses, who had several years' experience with the annual performance appraisal process, perceived a marked difference between how nurse managers conducted the annual appraisals and what was stipulated in the policies. Furthermore, it was found that the surgical registered nurses had definite perceptions of the performance appraisal regarding motivation, communication, competency certification and input from others. Each of the six themes that were described in chapter 3 will now be summarised below.

4.2 THEME ONE: CURRENT PERFORMANCE APPRAISAL PRACTICES

The study found that some nurse managers were not following the standardised process put forward by the annual performance appraisal policy, ABC, when they conducted surgical registered nurses' annual performance appraisals.

Some nurse managers completed the annual performance appraisal without involving the surgical registered nurse who was being appraised (refer to sections 3.5.1.1 and 3.5.3.1 of the study). Surgical registered nurses noted that they found it unacceptable when the nurse manager expected them to read the appraisal, see the score and then sign the document. The researcher found that this practice was not in line with the annual performance appraisal policy, ABC. According to sections 6.3.5 and 6.3.6 of the annual

performance appraisal policy, ABC, the nurse manager and surgical registered nurses should reach an agreement on the content and rating of the final appraisal document. Those surgical registered nurses who were involved in their appraisal, either through a self-evaluation or a discussion of the appraisal, expressed their appreciation of and satisfaction with such an opportunity. The researcher concludes that the data shows the importance to adhere to policy and procedures.

It was found that some surgical registered nurses were unhappy with the scoring they received; refer to section 3.5.1.2 of the study. This was either due to the fact that the surgical registered nurses were not involved in the appraisal, due to the poor communication between them and the nurse manager (refer to section 3.5.3.2 of the study), or due to the nurse manager denying them the opportunity to understand their expectations.

In this regard, Messmer (2013:270–274) suggests that the appraisal meeting should always be a two-way conversation, not a one-way lecture. Levy (2018) further suggests that for an ideal meeting, the nurse manager should follow the four A's: ask, add, agree and align. Both the nurse manager and the surgical registered nurse should ask and listen to each other's views of the nurse's work performance, competencies, areas of improvements, etc. The nurse manager should then provide feedback as to what the nurse did well and what opportunities there were for growth, with specific examples for each. Both the nurse manager and the nurse should then write out the nurse's goals or areas of improvement so that both agree.

The participants identified different approaches that could be used to ensure fair performance appraisals such as competency-based appraisal tools whereby the nurse's ability in areas such as nursing skills, critical thinking ability, evaluation of patient of care can be assessed. 360-degree appraisals whereby feedback is given to the nurse manager by the multidisciplinary health team who works with the surgical registered nurse. Participants also emphasised that they valued the opportunity to do self-evaluation as part of the appraisal process.

4.3 THEME TWO: MOTIVATION

It was found that receiving monetary rewards motivated the work performance of the surgical registered nurses and motivated them to go through the performance appraisal process; refer to section 3.5.2.1 of the study. The surgical registered nurses indicated that since the merit increase in the tertiary hospital had been put on hold indefinitely, they had been demotivated and saw no benefit to conducting the annual performance appraisal. It can be concluded that extra money, whether in the form of a merit increase or in the form of a salary increase that is associated with a higher post, is important for the surgical registered nurses.

Research conducted by Muriu (2014) reveals that employee motivation is a significant factor that contributes to performance. The literature on motivation proposes two types of motivation namely extrinsic and intrinsic (Muriu 2014; Obiekwe 2016). Extrinsic motivation occurs from satisfying, indirectly, the lower-level human needs associated with basic survival and includes financial rewards, working conditions and job security. Intrinsic motivation happens from satisfying the higher-level human needs that relate to job satisfaction; compliance with standards, such as ethical standards, fairness and team spirit; and the achievement of personal goals.

When one considers Maslow's motivation hierarchy cited in Salau, Adeniji and Oyewunmi (2014:173-189), it is evident that employers would benefit from devising some non-monetary reward in cases where the monetary compensation is already sufficient. Salau et al (2014:173–189) states that the salary of employees should be equivalent to their efforts to increase their morale and their degree of commitment.

This study also found that some surgical registered nurses were motivated by the following intrinsic factors: receiving acknowledgement for improved performance, their own moral loyalty towards their patients and their loyalty towards their employer and the tertiary hospital; refer to sections 3.5.2.2 and 3.5.2.3 of the study. It was found that surgical registered nurses perceived the performance appraisal as a positive means of showcasing and confirming their commitment to improved performance and quality patient care. It was also found that some surgical registered nurses valued the fact that the tertiary hospital and their colleagues depended on them to ensure patient care.

The researcher found that in section 5.5.2.1 of the annual performance appraisal policy, ABC, it is stated that the appraisal of employees is considered in terms of career development; refer to section 3.3.1 of the study.

Other studies (Choudhary 2016; Gupta-Sunderji 2017; Javid & Chapa 2014) highlight that some employees never rate money as their primary motivator. In its place, some employees value improving skills, increased participation, job enrichment, involvement in projects, etc.

This study shows that rewarding employees is one of the best ways to keep the workforce motivated. Linking employee motivation with rewards and recognition is strategically essential for achieving successful performance in an organisation. The study also shows that monetary rewards combined with non-monetary rewards will deliver better motivational results than financial compensation alone.

4.4 THEME THREE: COMMUNICATION

The study revealed that some of the surgical registered nurses were satisfied with the communication between themselves and their nurse managers; refer to section 3.5.3.1. However, others reported that minimal communication took place during their annual performance appraisal meetings; refer to section 3.5.3.2 of the study.

Section 5.9 of the annual performance appraisal policy, ABC, addresses the fact that the performance appraisal involves discussion between the nurse manager and the surgical registered nurses. The researcher suggests that ineffective communication in the tertiary hospital may lead to a drop in performance levels, friction between nurses and non-achievement of organisation goals, as described by Kalyanasundaram (2014).

Kalyanasundaram (2014) highlights the benefits of effectively communicating goals. Employers must communicate the goals of the organisation very clearly to the employees so that they can work towards organisational and personal goals. The implication is that surgical registered nurses who are unaware of what their individual performance goals

ought to be may end up working towards goals that are out of sync with the tertiary hospital's goals.

Kalyanasundaram (2014) proposes that it is important for managers to provide input and feedback on the performance of nurses on a continuous basis. Such continuous communication would help the surgical registered nurses to know where they are successful as well as where they are lagging behind. Constant guidance and coaching would not only enable the surgical registered nurses to perform well, but it would also help in their overall skills development. Effective communication and feedback to surgical registered nurses is vital for achieving goals, developing skills and improving their performance.

Kalyanasundaram (2014) states that nurse managers should know how to recognise good performance, make negative observations and identify areas for improvement. The literature also affirms that nurse managers should be willing to patiently listen to nurses' perspectives.

The literature further reveals that just as nurse managers ought to communicate goals and observations, surgical registered nurses should also be effective communicators in order to improve their performance. When there are doubts about their performance expectations, they should not hesitate to approach their nurse managers for clarification. Similarly, when they are stuck with any problem, they should effectively communicate the issue to the nurse manager and obtain his/her guidance (Heathfield 2016; Caruso 2014; Messmer 2012:270-274; Levy 2018).

4.5 THEME FOUR: COMPETENCIES

The study found that there were discrepancies in the implementation of validating nursing competencies and competency certification; refer to section 3.5.4.1 of the study. Furthermore, it seems that nurse managers were either unaware or chose to ignore these discrepancies when they do the performance appraisals. These discrepancies led to surgical registered nurses perceiving the performance appraisal process in a negative way, especially with regard to the way in which nurse managers score competencies; refer

to section 3.5.4.2 of the study. It was further found that the surgical registered nurses viewed the validation of competencies as a requirement of the performance appraisal but not as a requirement for patient safety. Lastly, it was found that surgical registered nurses questioned the competencies that were validated as well as the method used to assess those competencies; refer to section 3.5.4.1 of the study.

Section 6.3.9.1 of the annual performance appraisal policy, ABC, and sections 1, 2 and 3 of the competency assessment policy, XYZ, deals with the importance of competencies; refer to sections 3.3.2 and 3.4.1 of the study. This includes the role of the clinical resource nurse in the tertiary hospital that is vital to the success of the validation process because they observe and validate the nurses' performance competence. A clinical resource nurse works with nurse managers to ensure that surgical registered nurses are certified as competent for a particular nursing skill.

Levine and Johnson (2014) state that there is no means for determining how frequently healthcare practitioners should demonstrate their continued competence. Research across the health professions has shown that the length of time a professional has been practising is not a good indicator of competency. Therefore, the surgical registered nurses need to understand that assessment should be tied to clinical skills and not to the assumption of competence based on years of experience. However, one could argue that only high-risk; infrequent procedures or risk situations need to be reviewed on a periodic basis. New equipment, new processes, changes in regulations and changes in the evidence also provide a convincing argument for assuring continuing competence (Levine and Johnson, 2014).

To further complicate the issue of competence, Lake and Hamdorf (cited in Levine & Johnson 2014) suggest that being competent does not guarantee good performance.

Considering the literature about competencies the researcher found this a complex yet very important issue to consider when doing performance appraisals.

4.6 THEME FIVE: INPUT FROM OTHER SOURCES

The study found that surgical registered nurses want nurse managers to consider the input of other sources for the annual performance appraisal – that of patients and health

professionals working with them in order to provide more an accurate account of their work performance; refer to 3.5.5.1 of the study.

Caruso (2014) describes how incorporating feedback from multiple sources and allowing peer input holds advantages for the employee as well as the manager and organisation. Caruso (2014) further says that this practice not only increases the perceptions of fairness but also improves the manager's ability to provide accurate ratings. Peer appraisal helps to give a complete picture of an employee's performance and thus a correct judgment is made.

It was also found that the surgical registered nurses want documentation of evidence received during the year to be kept in their personnel files for review when annual performance appraisals are due; refer to section 3.5.5.2 of the study.

Booyens (2014:389) describes the critical incident rating method of keeping a written record of favourable and unfavourable performance of each staff member in the appraisal period. The nurse manager has to ascertain whether the critical incidents are written and described to reflect the date, time, people involved, the specific situation that arose, each person's actions and the results. Booyens (2014:395) further suggests that by analysing both types of incidents – negative and positive – during the performance appraisal interview, lessons can be learned, thus leading to the enhancement of the staff member's performance. However, Aggarwal and Thakur (2013:617) state that as much as the critical incident reporting method of performance appraisal is preferred, as it is based on observation and is likely to cover the entire evaluation period, it is also criticised for being time-consuming, difficult to analyse and difficult to condense the records.

The study's findings suggest that surgical registered nurses preferred more comprehensive input on their performance. This could be attained without major changes to the policy.

4.7 THEME SIX: SUGGESTIONS FOR IMPROVING THE ANNUAL PERFORMANCE APPRAISAL

The three sub-themes that were identified under theme six integrate the previous twelve sub-themes and are discussed below.

4.7.1 Guidelines for conducting the appraisal

The study revealed that there was a consensus among the surgical registered nurses that the tertiary hospital needs to provide more detailed guidelines for conducting annual performance appraisals so that the process is standardised. The hospital must also see to it that all nurse managers comply with these guidelines.

The researcher found that the current annual performance appraisal policy, ABC, mentions all the aspects that surgical registered nurses perceived during the appraisal process; refer to section 3.3.1 of the study. The researcher acknowledges the actual implementation of the appraisal process as a social process between different individuals, namely the nurse manager, the surgical registered nurses, other members of the health team and patients. It is important to consider the personal factors that may impact on the process. Effective interpersonal relations are characterised by sincere caring, being empathetic, being respectful, not objectifying others, being honest, making the surgical registered nurses feel worthy of time and effort, and being open and friendly (Lapeña-Moñux ,Juan ,Marcos and Soler 2014). These skills would facilitate and thus improve the annual performance appraisal process.

This study found that communication is one interpersonal factor that greatly influenced how surgical registered nurses perceived the performance appraisal process. This is confirmed by the literature on performance appraisal that all address the importance of effective communication in different ways.

Heathfield (2016) says the performance appraisal document is a useful discussion starter. This means that all communication with the surgical registered nurses will be guided by the annual performance appraisal policy, ABC.

Heathfield (2016) further says that nurse managers must provide regular feedback to employees and not just during the annual performance appraisal. One of the advantages of this is that the nurse manager gets practice and becomes more comfortable and better at giving feedback. Nurse managers also need to engage the nurses in a two-way discussion whenever their performance is the topic. The researcher sees that regular

feedback sessions at this tertiary hospital may lead to less tension and more effective performance appraisals. The official performance appraisal day will be an extension of the regular performance discussion.

Messmer (2013:270–274) and Levy (2018) suggest that feedback should be honest and genuine. The nurse manager should emphasise the positives before the negatives. Emphasis should be on what needs to be done to improve and not what is wrong, and the nurse should be encouraged to comment on any observation the nurse manager shares with them. The researcher concludes that such communication will ultimately encourage motivation, improve performance and the loyalty of surgical registered nurses towards the tertiary hospital; refer to section 4.3 of the study.

4.7.2 Review of competency process and certification

The study found that surgical registered nurses understand the importance of being certified as competent in their nursing skills; however, they suggested that specific competencies need to be reviewed with regards to how frequently they are assessed. Furthermore, they believe that the competencies are repetitive and add no value, especially if the nurse manager or clinical resource nurse has not identified any knowledge or skill deficit.

The importance and relevance of being competent is described in the literature. According to Tillott, Walsh and Moxham (2013), nurses are a critical part of health care delivery, which has the highest number of unoccupied positions, creating a potentially significant threat to the quality of healthcare delivery. For the researcher this means that the available nurses must be competent to minimise the threat mentioned by these authors.

Nestel and Kneebone (2010:172–192) state that procedural skills is a significant component of a clinician's overall professional practice. All health disciplines are trained to carry out a range of simple to complex procedural skills and the mastery and refinement of these skills can occur in many circumstances through repeated clinical experience. This was found in this tertiary hospital in the competency assessment policy, XYZ, that provides

broadly for the aspects that surgical registered nurses perceived during the appraisal process; refer to section 3.4 of the study.

Campbell, Shepherd, McGrail, Kassell, Connolly, Williams and Nestel (2015) found that generally most clinicians retain a high level of confidence in skills that they use frequently or skills in which they are required by their profession to maintain competence in regularly. Campbell et al (2015) also identified that clinicians vary in their perceptions and attitudes regarding the frequency of retraining and rehearsal of procedural skills. The researcher found the same in this study and again relates it to personal differences that exist in all social interaction.

The study found that surgical registered nurses suggested that nurses who are unable to perform a nursing skill should not be deemed as competent and this should reflect on their annual performance appraisal. The researcher found this to be a difficult and complex matter. Nurse managers are expected to base their appraisals on evidence; refer to sections 4.4. and 4.5 of the study. Likewise, surgical registered nurses should provide evidence of irregularities in the way nurse managers evaluate incompetent nurses as being competent. This in itself suggests a breach in confidentiality; refer to section 5.10 of the annual performance appraisal policy, ABC.

4.7.3 Incentive

The study found that surgical registered nurses were unhappy about the merit increase being on hold. The impact of monetary awards on the level of motivation of surgical registered nurses was discussed in section 4.3 of the study. The researcher acknowledges that dissatisfaction about money may have a profound impact on the performance of surgical registered nurses and that their loyalty towards their patients and the tertiary hospital may be affected.

4.8 CONCLUSION

This chapter focused on the discussion of the findings according to the six main themes identified from the data and how they relate to the existing literature. The next chapter

presents the conclusion of the findings, limitations of the study, its contributions as well as recommendations emanating from the study.

CHAPTER 5

CONCLUSION, LIMITATIONS, CONTRIBUTIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents the overview and conclusion of the study, its limitations and contribution as well as the recommendations of the study.

5.2 OVERVIEW OF THE STUDY

The research question that was asked was: What are the perceptions of surgical registered nurses towards the annual performance appraisal process?

The purpose of this qualitative study was to investigate and describe how surgical registered nurses at a specific tertiary hospital perceive the annual performance appraisal process in order to propose revision of the appraisal tool or process, if necessary.

The first objective, namely to explore and describe the perception of the performance appraisal process among the surgical registered nurses, was met. This was described in chapter 3 and substantiated with direct quotations from the transcribed interviews. The second objective, namely to identify factors that impact on the current annual performance appraisal process, was also met. The first twelve sub-themes, as set out in Table 3.1, represent the factors that impact on the performance appraisal process at this tertiary hospital.

The participants of the study comprised twenty surgical registered nurses working in the surgical units of a tertiary hospital. Data were collected by means of two semi-structured focus group interviews. The transcribed interviews were analysed according to Collaizzi's (1978) strategy (cited in Streubert & Carpenter 2011:79). Themes and sub-themes that emerged from the data were used to describe the phenomenon being explored.

5.3 CONCLUSION OF THE STUDY

The conclusion of the study's findings is presented according to the identified themes.

Theme one: Current performance appraisal practices

This theme deals with the need for standardising the way nurse managers interpret and implement the annual performance appraisal policy. It can be concluded that the surgical registered nurses would like to be involved in the process of appraisal. This includes the opportunity to do self-appraisal and to discuss the final score given by the nurse manager.

Theme two: Motivation

Surgical registered nurses perceive the annual performance appraisal as the means to provide evidence of their performance and their loyalty to the tertiary hospital. Acknowledgement thereof would motivate them to improve their work performance. Their main motivation, however, is the monetary rewards linked to the performance appraisal, stated in the annual performance appraisal policy, ABC. The conclusion is that surgical registered nurses are unhappy about the indefinite withholding of merit increases and feel there is no benefit in completing the annual performance appraisal.

Theme three: Communication

The study revealed that some of the surgical registered nurses were satisfied with their communication with their nurse managers. However, others perceived that minimal communication took place during the annual performance appraisal meeting. The researcher concludes that communication should be a two-way process that implies the involvement of both the nurse manager and the surgical registered nurse.

Theme four: Competencies

Surgical registered nurses acknowledged that being competent was important for safe patient care; however, this positive notion was overshadowed by their perceptions of the discrepancies in the process of validating the competencies and the process of competency certification. This involved the interpretation of the competency assessment policy, XYZ, and the current implementation of the process.

The surgical registered nurses expressed definite views on the frequency with which competencies should be reviewed, especially those nursing skills that are performed on a daily basis. The study revealed that some nurse managers give those nurses who were incompetent an equivalent or higher score than their counterparts who were actually competent. The scope of this study did not allow the researcher to verify this.

The researcher concludes that the validation and certification of competencies is a complex matter that needs to be managed in order to ensure satisfaction of all surgical registered nurses, nurse managers and clinical resource nurses.

Theme five: Input from other sources

The surgical registered nurses perceived that a once-off assessment during the appraisal process does not portray their actual performance during the year. To overcome this they suggested that nurse managers ought to receive input from other sources to provide accurate information about the surgical registered nurses' work performance. They also highlighted that documentation of evidences received during the year ought to be kept in their personnel files for review when the annual performance appraisal is due. The researcher concludes that strategies should be put in place to ensure that the performance appraisal portrays the continuous performance of the surgical registered nurse, as observed by peers and team members.

Theme 6: Suggestions to improve the annual performance appraisal

As explained previously, theme six includes issues that were described in themes one, two, three, four and five.

The researcher concluded that the tertiary hospital has well formulated performance appraisal policies in place. The nurse managers and the surgical registered nurses are either unaware of their requirements or they do not implement the policies in a way that all parties are able to perceive the performance appraisal in a positive way.

The perceptions of surgical registered nurses that related to monetary incentives seems to be one factor that needs to be addressed to ensure that the appraisal process is regarded in a positive way. The tertiary hospital needs to give the employees an update with regards

to the hold on merit increases. Finally, the researcher concludes that improving the communication between management, nurse managers and surgical registered nurses may have a positive impact on the outcomes of the process.

5.4 LIMITATIONS OF THE STUDY

The sampling process was done in such a way as to allow all surgical nurses a fair chance to be included in the study; refer to section 2.3.1.2 of the study. In the final selection, the researcher realised that she used to work with some of the surgical registered nurses and acknowledges that this could have influenced the participants' responses during the focus group interviews.

The researcher reported the information on discrepancies in scoring of incompetent nurses as it was communicated during the interview. The researcher did not query this during the interview as this would have jeopardised the trust with the participants. On the other hand, the claim could not be verified or followed-up by the researcher as it falls outside the scope of this study.

5.5 CONTRIBUTIONS OF THE STUDY

This study provided the surgical registered nurses the opportunity to share their perceptions regarding the annual performance appraisal process in a safe and protected environment.

The researcher could identify factors that impact on the performance appraisal process as perceived by the surgical registered nurses. The information is thus authentic and contextualised within the tertiary hospital. Management may consider the findings and it may result in measures to improve the performance appraisal.

This was the first time an investigation was done on how staff perceives the annual performance appraisal process in this tertiary hospital. The researcher is of the opinion that this study may pave the way for more research on the performance appraisal process and that the process could ultimately be structured in a way to ensure good quality patient care and motivated nursing staff.

5.6 RECOMMENDATIONS

Based on the findings of this study, the researcher proposes the following recommendations:

5.6.1 Recommendations regarding the process of performance appraisal

- Management must implement measures to ensure that nurse managers and staff are aware of the annual performance appraisal policy, ABC, and understand the requirements and specifications of the policy.
- Management may consider detailed practical guidelines or directives to ensure that the process of performance appraisal is done in the same manner by all nurse managers.
- Nurse managers should undergo training on different aspects of performance appraisal such as goal setting, planning of interviews, feedback and use of the scoring instrument. Those aspects can be included in the competency assessment of nurse managers who are responsible for conducting performance appraisals.
- Nurse managers should be allowed to attend refresher courses to equip them with the interpersonal and communication skills necessary to facilitate effective performance appraisal interviews.
- Nurse managers should be encouraged to do continuous monitoring and evaluation of surgical registered nurse and to provide feedback throughout the year.
- Nurse managers should record the on-going monitoring, evaluation and feedback in surgical registered nurses' files.
- Surgical registered nurses should be aware of the annual performance appraisal policy, ABC, and understand their responsibilities regarding the performance appraisal process.
- Surgical registered nurses should undergo training on different aspects of the performance appraisal such as goal setting and self-evaluation.

- Surgical registered nurses may attend refresher courses to equip them with the interpersonal and communication skills necessary to facilitate effective performance appraisal interviews.

5.6.2 Recommendations regarding the competency assessment and certification

- The steering committee should plan a strategy to involve nurse managers and surgical registered nurses in the review of the competency assessment and certification.
- Management should investigate the claims of irregularities in the competency assessment and certification and, if necessary, implement strategies to prevent irregularities.

5.6.3 Recommendations regarding incentives

- Management must take note of how the uncertainty about monetary rewards affects the motivation of surgical registered nurses.
- Management must consider non-monetary ways of rewarding surgical registered nurses for excellent work performance and keep them motivated to improve work performance.

5.6.4 Recommendations for future research

- The perceptions of the annual performance appraisal among the nurses in medical, cardiac, critical care and paediatrics departments can be explored to compare with the findings of this study.
- Similar studies can be done in the affiliated tertiary hospitals in other regions.
- A quantitative study to correlate the performance appraisal of nurses and their work performance can be done to determine the effectiveness of the performance appraisal in the tertiary hospital.

All these future research ideas may lead to an improved annual performance appraisal process.

5.7 CONCLUSION

This chapter concluded the study on the perceptions of surgical registered nurses of the annual performance appraisal process. The findings have enabled the researcher to make recommendations that may benefit the nurses, the nurse managers, the patients and the tertiary hospital. It is concluded that the objectives of this study have been achieved.

REFERENCES

- Abu Shosha, G. 2012. Employment of Collaizzi's strategy in descriptive phenomenology: A reflection of a researcher. [Online]. Available: <https://eujournal.org/index.php/esj/article/viewFile/588/657> [2017, March 3].
- Afsharnejad A, Maleki M. 2013. Performance appraisals impact on attitudinal outcomes and organizational performance, in *Mathematics and Computers in Contemporary Science*. Milan, Italy: World Scientific and Engineering Academy and Society. 29–36.
- Aggarwal, A., & Thakur, GSM. 2013. Techniques of performance appraisal: A review. *International Journal of Engineering and Advanced Technology*, 2(3):617–621.
- Agarwal, M. 2011. Managerial Perceptions of Performance Appraisal Facets As Determinants of The Effectiveness of The Performance Appraisal System in Private and Public Sector Organizations. Banaras Hindu University, Varanasi. Vol. VII. No. 1: 8-21.
- Aguinis H, O'Boyle E. 2014. *Star performers in twenty-first century organizations*. Pers. Psychol. 67:313–350.
- Aguinis, H. 2013. Performance management. Upper Saddle River, NJ: Pearson.
- Aguinis, H. Gottfredson, R. & Joo, H. 2012. *Delivering effective performance feedback: The strengths-based approach*. Business Horizons, 55(2):105–111.
- Ahmad S, Shahzad K. 2011. HRM and employee performance: A case of university teachers of Azad Jammu and Kashmir (AJK) in Pakistan. *African Journal of Business Management*, 5(13):5249–53.
- Ajmal, A, Bashir, M, Abrar, M, Khan, MM & Saqib, S. 2015. The effects of intrinsic and extrinsic rewards on employee attitudes: Mediating role of perceived organizational support. *Journal of Service Science and Management*, 8:461–470.

Aktar, S., Sachu, M. K., & Ali, M. E. 2012. *The impact of rewards on employee performance in commercial banks of Bangladesh: An empirical study. Journal of Business and Management*, 6(2):9–15.

Akinbowale MA, Jinabhai DC, Lourens ME. 2013. The impact of performance appraisal policy on employee performance: A case study of guaranty trust bank in Nigeria. *Mediterranean Journal of Social Sciences*, 4(14):677–86.

Alvi, M, Surani, M, & Hirani, S. 2013. *The effect of performance evaluation on employees' job satisfaction in Pakistan international airlines corporation*. Thousand Oaks, California: Sage Publications, Inc.

Asmu, B. 2013. The emergence of symmetries and asymmetries in performance appraisal interviews: An interactional perspective. *Economic and Industrial Democracy*, 34:553–570.

Baah, K, & Amoako, GK. 2011. Application of Frederick Herzberg's two-factor theory in assessing and understanding employee motivation at work: a Ghanaian perspective. *European Journal of Business and Management*, 3(9):1–8.

Babbie, E. 2012. *The practice of social research*. 13th edition. Thousand Oaks: Cengage Learning.

Baldwin, T, Bommer, B, & Rubin, R. 2013. *Managing organizational behaviour*. 2nd edition McGraw-Hill Education.

Best ways on how to become a surgical nurse. 2018. [Online]. Available: <https://nursejournal.org/surgical-nursing/how-to-become-a-surgical-nurse/> [2017, March 3].

Bezuidenhout, SS. 2011. *Guidelines for the implementation of performance appraisal in clinics in the Dr Kenneth Kaunda district*. Dissertation. Potchefstroom Campus of the North-West University.

Boachie-Mensah, FO, & Seidu PA. 2012. Employees' perception of performance appraisal system: A case study. *International Journal of Business and Management*, 7(2):73–88.

Boswell, C, Boswell, C, & Cannon, S. 2014. *Introduction to nursing research: incorporating evidence-based practice*. Burlington, MA: Jones & Bartlett Learning.

Booyens, S. 2014. *Dimensions of healthcare management*. 3rd edition. Juta Academic Ebooks: Juta.

Brink, H, Van der Walt, H, & Van Rensburg, G. 2012. *Fundamentals of research methodology for healthcare professionals*. 3rd edition. Cape Town: Juta & Company Ltd.

Brown, M., & Benson, J. 2013. Rated to exhaustion? Reactions to performance appraisal processes. *Industrial Relations Journal*, 34(1): 67-81.

Brown, KG, & Sitzmann, T. 2011. Training and employee development for improved performance, in Zedeck, S. (ed.). *APA handbook of industrial and organizational psychology, Volume 2: Selecting and developing members for the organization*. Washington, DC: American Psychological Association. 469–503

Brunt, A. 2014. *Nursing professional development competencies*. Danvers, MA: HCPro.

Burns, N & Grove, SK. 2011. *Understanding nursing research: Building an evidence based practice*. 5th edition. St Louis: Saunders Elsevier.

Businessdictionary.com. 2016. [Online]. Available: <http://BusinessDictionary.com> [2018, May 21].

Cambridge Dictionary. 2018. [Online]. Available: <https://dictionary.cambridge.org/> [2018 March 1].

Campbell, D, Shepherd, I, McGrail, M, Kassell, L, Connolly, M, Williams, B & Nestel, D. 2015. *Procedural skills practice and training needs of doctors, nurses, midwives and*

paramedics in rural Victoria. [Online]. Available: <https://www.semanticscholar.org/paper/Procedural-skills-practice-and-training-needs-of-Campbell-Shepherd/755bea9d45b45bbfd2ecadd5489f494125cb25c8> [2018, August 9].

Caruso, K. 2014. *4 Benefits of using peer appraisal in employee performance reviews* [Online]. Available: <https://www.ampower.me/article/Human-Resources/4-Benefits-of-Using-Peer-Appraisal-in-Employee-Performance-Reviews-15-611393> [2018, August 1].

Choudhary, S. 2016. *Job enrichment: A tool for employee motivation.* [Online]. Available: <http://www.allresearchjournal.com/archives/2016/vol2issue5/PartO/2-5-83-404.pdf> [2018, August 30].

Clarke, C., Harcourt, M., & Flynn, M. 2012. Clinical Governance, Performance Appraisal and interactional and Procedural Fairness at a New Zealand Public Hospital. *Journal of Business Ethics*, 667–678.

Creswell, JW. 2014. *Research design: Qualitative, quantitative and mixed methods approaches.* 4th edition. Thousand Oaks, CA: Sage.

Creswell, JW. 2013. *Qualitative inquiry and research design: choosing among five approaches.* 3rd edition. Thousand Oaks: Sage.

Daoanis, I. 2012. Performance appraisal system: It's implication for employee performance. *International Journal of Economics and Management Sciences*, 2(3):55–62.

Dartey-Baah, K & Amoako, G K. 2011. Application of Frederick Herzberg's two-factor theory in assessing and understanding employee motivation at work: a Ghanaian perspective. *European Journal of Business and Management*, 3(9).

Delpont, C S L & Roestenburg, W JH. 2011. Quantitative data collection methods, in De Vos AS, Strydom, H, Fouché CB & Delpont CSL. *Research at the grass roots for the social sciences and human service professions.* 4th edition. Pretoria: JL Van Schaik Publishers.

Denisi, A., & Smith, C. E. (2014). Performance appraisal, performance management, and firm-level performance: A review, a proposed model, and new directions for future research. *Academy of Management Annals*, 8(1):1[27–179].

Denzin, NK & Lincoln, YS. 2011. *Qualitative research*. 4th edition. Los Angeles: Sage.

De Vos, AS, Strydom, H, Fouché, CB, & Delport, CSL. 2011. Building a scientific base for the helping professions. In De Vos AS, Strydom, H, Fouché CB & Delport CSL. *Research at the grass roots for the social sciences and human service professions*. 4th edition. Pretoria: JL Van Schaik Publishers.

Dictionary.com. 2018. [Online]. Available: <https://www.dictionary.com/> [2018, August 11].

Douglas, E. 2012. *Monetary vs. non-monetary rewards: Which are more attractive?* [Online]. Available: http://blogs.edweek.org/topschooljobs/k-12_talent_manager/2012/03/monetaryversus_non-monetary_rewards_which_are_more_attractive.html [2018, July 14].

Doyle, A. 2018. *Verbal communication skills list*. [Online] . Available: <http://www.thebalancecareers.com/verbal-communication-skills-list-2059698> [2018, August 5].

Fletcher, C. 2008. *Appraisal, feedback and development: Making performance review work*. London: Routledge.

Gallin, J & Ognibene, F. 2012. *Principles and practice of clinical research*. 3rd edition . London: Academic Press.

Gayathri H. 2013. Measurement technology applications in performance appraisal. *Progress in Nonlinear Dynamics and Chaos*, 1:8-14.

Grote, RC. 2011. *How to be good at performance appraisals: Simple, effective, done right*. Cambridge, MA: Harvard Business Review Press.

Gupta-Sunderji, M. 2017. *Why money is not an employee motivator*. [Online]. Available: <https://www.theglobeandmail.com/report-on-business/careers/leadership-lab/why-money-is-not-an-employee-motivator/article33755286/> [2018, August 13].

Harunavamwe, M & Kanengoni, H. 2013. The impact of monetary and non-monetary reward on motivation among lower level employees in selected retail shops. *African Journal of Business Management*. 7(38):3929–3935.

Heathfield, S. 2016. *Want 5 tips to help managers improve performance appraisals?* [Online]. Available: <https://www.thebalancecareers.com/improve-performance-appraisals-1918839> [2018, August 6].

Herzberg, F. 1968. One more time: How do you motivate employees? *Harvard Business Review*, 46(1):[53–62]

Huber, DL. 2010. *Leadership and nursing care management*. Missouri: Saunders Elsevier.

Holloway, I & Wheeler S. 2013. *Qualitative research in nursing and healthcare*. West Sussex, UK: Wiley-Blackwell.

Javid, S & Chapa, A. 2014. When money is not a motivating force in the work place. *Global Journal of Human Social Science: Arts & Humanities Psychology*, 14(3):1–5.

Kalyanasundaram, K. 2014. *Communication is a key to effective employee performance*. [Online]. Available: <http://blog.synergita.com/2014/10/communication-is-key-to-effective-employee-performance/> [2018, August 3].

Khan, M. 2013. *Role of performance appraisal system on employee's motivation*. [Online] Available: <http://www.iosrjournals.org/iosr-jbm/papers/Vol8-issue4/H0846683.pdf> [2018, July 4].

Khan, HMA, Chandio, JH & Farooqi, MTK. 2014. Comparison of Performance Appraisal System in Public and Private Schools. *Pakistani Journal of Commerce and Social Science*. 8(1): 272–278.

Kromrei, H. 2015. Enhancing the annual performance appraisal process: Reducing biases and engaging employees through self-assessment. *Performance Improvement Quarterly*, 28(2):53–64.

Krueger, R & Casey, M. 2015. *Focus groups*. Thousand Oaks, California: Sage Publications.

Lake, F, Hamdorf, J. 2004. Teaching on the run tips 6: Determining competence. *The Medical Journal of Australia*, 181 (9), 502–503.

Lapeña-Moñux YR, Cibanal-Juan L, Pedraz-Marcos A, Macía-Soler ML. 2014 . Interpersonal relationships among hospital nurses and the use of communication skills. *Texto & Contexto – Enfermagem*, 23(3):555-62.

Lauby, S. 2014. *Six Helpful Tips on How to Conduct a Performance Review Meeting*. Available at: <https://www.saba.com/blog/six-helpful-tips-on-how-to-conduct-a-performance-review-meeting> [2018, July 18].

Laughlin, C. B. (ed.). 2013. *Core curriculum for ambulatory care nursing* 3rd edition. Pittman, NJ: American Academy of Ambulatory Nursing.

Levine, J, & Johnson, J. 2014. An organizational competency validation strategy for registered nurses. *Journal for Nurses in Professional Development*, 30:58–65.

Levy, A. 2018. *How to Lead a Productive Performance Review*. [Online]. Available: <https://www.forbes.com/sites/forbescoachescouncil/2018/01/12/how-to-lead-a-productive-performance-review/> [2018, August 2].

Long, R & Shields, J. 2010. From pay to praise? Non-cash employee recognition in Canadian and Australian firms. *The International Journal of Human Resource Management*, 21(8):1145–1172.

Malik MS, Aslam S. 2013. Performance appraisal, and employee's motivation: A comparative analysis of telecom industry of Pakistan. *Pakistan Journal of Social Sciences*, 33(1):179–89.

Mathis, LR, & Jackson, HJ. 2012. *Human resource management: Essential perspectives*. USA: South-Western Cengage Learning.

Marshall, C, & Rossman, GB. 2011. *Designing qualitative research*. 5th edition. Thousand Oaks, CA: Sage Publications.

Meaney, PA, Bobrow, BJ, Mancini, ME, Christenson, J, de Caen, AR, Bhanji, F, & Leary, M. 2013. Cardiopulmonary resuscitation quality: [corrected] Improving cardiac resuscitation outcomes both inside and outside the hospital: A consensus statement from the American Heart Association. *Circulation*, 128:417–435.

Merriam-webster.com. 2016. [Online] Available: <https://www.merriam-webster.com/> [2018, March 5].

Messmer, M. 2013. *Human resource kit for dummies*. 3rd edition. Hoboken, New Jersey: John Wiley & Sons, Inc.

Miller, B. 2014. *Performance appraisal basics: Continual communication*. [Online]. Available: <https://hrdailyadvisor.blr.com/2014/11/19/performance-appraisal-basics-continual-communication/> [2018, August 19].

Mohamed-Aly, N & El-Shanawany, S. 2016. The Influence of performance appraisal Satisfaction on nurses' motivation and their work outcomes in critical care and toxicology units. *European Scientific Journal*, 12(20).

Muriu, S. 2014. *Factors affecting implementation of performance contracting process in Kenya Civil Service*. [Online]. Available: <http://41.204.187.24:8080/handle/123456789/1559> [2018, August 4].

Nestel, D & Kneebone R. 2010. Perspective: authentic patient perspectives in simulations for procedural and surgical skills. *Academic Medicine*, 85(5):889–93.

Obiekwe, N. 2016. *Employee motivation and performance*. [Online]. Available: <https://www.theseus.fi/bitstream/handle/10024/120824/Employee%20motivation%20and%20performance.pdf?sequence=1> [2018, August 16].

O'Boyle EH, Aguinis H. 2012. The best and the rest: revisiting the norm of normality of individual performance. *Personnel Psychology*, 65:79–119.

Ojokuku RM. 2013. Effect of performance appraisal system on motivation and performance of academics in Nigerian public universities. *Australian Journal of Business and Management Research*, 3(3):20–28.

Oxford Dictionaries. 2018. [Online]. Available: <https://www.oxforddictionaries.com/> [2018, April 2].

Percy, W H, Kostere, K, & Kostere, S. 2015. Generic qualitative research in psychology. *The Qualitative Report*, 20:76–85.

Pforr, D., Leeseberg, C., & Brixey, L. 2010. Planning education and validation programs. In L. Brixey (ed.). *Ambulatory care nursing orientation and competency assessment guide*. Pittman, NJ: American Academy of Ambulatory Nursing.

Polit, DF & Beck, CT. 2012. *Nursing research: Generating and assessing evidence for nursing practice*. 9th edition. Philadelphia: Wolters Kluwer/Lippincott, Williams & Wilkins.

Polit, DF & Beck, CT. 2014. *Essentials of nursing research: appraising evidence for nursing practice*. 8th edition. Philadelphia: Wolters Kluwer Health/ Lippincott, Williams & Wilkins.

Price, B. 2013. Preparing for your annual staff appraisal: Part 1. *Nursing Standard*, 27(20): 49–55.

Reynolds, J. 2017. *The benefits of 360-degree performance reviews*. [Online]. Available: <https://www.tinypulse.com/blog/benefits-360-degree-performance-reviews> [2018, August 11].

Saks, A., Gruman, J. 2012. *Manage employee engagement to manage performance*. [Online]. Available: http://www.academia.edu/31582500/Manage_Employee_Engagement_to_Manage_Performance [2018, April 5].

Salau, OP, Adeniji, AA, & Oyewunmi, EA. 2014. Relationship between elements of job enrichment and organizational performance among the Non-academic staff in Nigerian Public Universities. *Management & Marketing*, 12(2):173–189.

Schanne, L, Stern, S, Hand, C, Collins, M, Kirk, G, Kweeder, S, Brody, R, LaPorta, P & Meehan, D. 2016. *From Chaos to Competency: Implementing a New Competency Model in a Multihospital System*. *Journal of Continuing Education in Nursing*, 47 (3) 111-117.

Schmitt, M, Blue, A, Aschenbrener, C & Viggiano, T. 2011. Core competencies for interprofessional collaborative practice: Reforming health care by transforming health professionals' education. *Academic Medicine*, 86(11),1351.

Selvarajan, TT & Cloninger, PA. 2012. Can performance appraisals motivate employees to improve performance? A Mexican study. *International Journal of Human Resource Management*, 23(15):3063–3084.

The skills you need guide to interpersonal skills. 2016. [Online]. Available: <https://www.skillsyouneed.com/docs/communication-skills-preview.pdf> [2018, August 31].

Stolovitch, H. 2010. *Incentives, motivation and workplace performance: Research and best practices*. [Online] Available: <http://theirf.org/research/incentives-motivation-and-workplace-performance-research-and-best-practices/147/> [2018 June 8].

Streubert, HJ & Carpenter, DR. 2011. *Qualitative research in nursing: Advancing the humanistic imperative*. 5th edition. Philadelphia: Lippincott, Williams & Wilkins.

Streubert, HJ & Carpenter, DR. 2016. *Qualitative research in nursing*. Philadelphia: Lippincott.

Tillott, S , Walsh, K & Moxham, L. 2013. Encouraging engagement at work to improve retention. *Nursing Management*, 19(10):27–31.

Trevor, CO, Reilly, G, & Gerhart, B. 2012. Reconsidering pay dispersion's effect on the performance of interdependent work: Reconciling sorting and pay inequality. *Academy of Management Journal*, 55:585–610.



Touchie, C, Humphrey-Murto, S, & Varpio, L. 2013. *Teaching and assessing procedural skills: a qualitative study*. [Online]. Available: <https://bmcmmededuc.biomedcentral.com/track/pdf/10.1186/1472-6920-13-69> [2018, April 4].

Uhl-Bien, M, Riggio, RE, Lowe, KB, & Carsten, MK. 2014. Followership theory: AA review and research agenda. *The Leadership Quarterly*, 25:83–104.

University of South Africa. College of Human Sciences. 2016. Tutorial letter MPCHS94/101/0/2016.Pretoria.

ANNEXURE A

Ethical clearance certificate

	
RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES REC-012714-039 (NHERC)	
5 October 2016	
Dear Miss Laura Clara Gysman	HS HDC/541/2016 Miss Laura Clara Gysman Student: 3482-138-4 Supervisor: Mrs HS du Toit Qualification: M Cur Joint Supervisor: -
Decision: Ethics Approval	
<hr/>	
Name: Miss Laura Clara Gysman	
Proposal: Registered nurses perception of the annual performance appraisal in a tertiary hospital in Riyadh.	
Qualification: MPCHS94	
<hr/>	
Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.	
<p><i>The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 5 October 2016.</i></p> <p><i>The proposed research may now commence with the proviso that:</i></p> <ol style="list-style-type: none"><i>1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.</i><i>2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.</i>	
	<small>University of South Africa Pretorius Street, Muckleneuk Ridge, City of Tshwane PO Box 393 UNISA 0003 South Africa Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150 www.unisa.ac.za</small>

3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

4) [Stipulate any reporting requirements if applicable].

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,



Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za


for Prof MM Moleki

ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za



University of South Africa
Pretoria Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE B

Request to do the study

DATE : 25 October 2016

TO : **Dr. Rana Mulla**
Director of Nursing Education

THROUGH : **Nabeeha Tashkandi**
A/Associate Executive Director, Nursing Services
Director of Clinical Nursing, Surgical Care and Business
Center

FROM : **Laura Gysman** 
Nurse Manager, Endoscopy

SUBJECT : **Permission to Conduct a Study in Surgical Care Division**

Please be advised that I am currently pursuing a Master's Degree in Nursing Science at the University of South Africa.

The title of my research is:

Registered Nurses' perception on the Annual Performance Appraisal in a tertiary hospital in Riyadh

The purpose of this study is for management to take note of how surgical registered nurses perceive the annual performance appraisal that may result in the improvement of the appraisal tool and/or processes.

The target population will be surgical registered nurses who had experience on annual appraisal process at least twice. The data will be gathered by two one hour focus group interview with 10 participants each, once they have signed voluntary informed consent. The date and venue will be arranged in such a way that it will not disturb the service delivery in the surgical units.

I have received ethical clearance (HSHDC/541/2016) for this study by the Health Studies Higher Degrees Committee of the University of South Africa.

I will ensure that all ethical codes of conduct is maintained throughout the research. I will also provide a copy of the research findings to management.

In view of the above, I am kindly requesting your permission to conduct this research in the Surgical Care Services. If you need further clarification , you can reach me at Ext. 12090 or Pager 1874 or through my mobile no. 0508979094. My study supervisor Mrs. HS du Toit can be contacted at dtoiths@unisa.ac.za

Your kind consideration and response would be highly appreciated.

Thank you.

ANNEXURE C

Permission from Nursing Services to do the study (Center of Nursing Education)

Kingdom of Saudi Arabia
National Guard-Health Affairs
King Abdulaziz Medical City

المملكة العربية السعودية
الحرس الوطني - الشؤون الصحية
مدينة الملك عبدالعزيز الطبية

Date : 04-Sep-2016 Registered
Department : NURSING-ADMINISTRATION
RV D-16-6020-142172

NURSING SERVICES
Center of Nursing Education (NS-CNE)
Ref. No. MBS/2016/09/04A2

Date: 04 Sep 2016 (G)
03 Thul-Hijah 1437(H)

Permission to conduct nursing research at KAMC-R, Nursing Services

Applicant Details:	Ms. Laura C. Gysman, Nurse Manager, King Abdulaziz Medical City Riyadh, KSA
Title of proposed research study:	Registered nurses' perception of the annual performance appraisal in a tertiary hospital in Riyadh

Subsequent to screening review by the Nursing Services Research Committee (NSRC), permission in principle is granted for you to conduct your nursing research study at KAMC-R Nursing Services **pending** scientific and ethical approval from KAIMRC Research office that is required **before** you commence data collection. Kindly submit the research project yourself directly to the KAIMRC Research office with this permission letter.

Best wishes for successful completion.

Permission recommended by:

Dr. Mustafa M.E. Bodrick
Dr. Mustafa M.E. Bodrick
Chairman, Nursing Services Research Committee
Assistant Professor, College of Nursing - Riyadh KSAU-HS
Director, Nursing Education, KAMC-R & KASCH

Permission granted by:

Ms. Nabesha Tashkandi
Ms. Nabesha Tashkandi
Acting Associate Executive Director
Nursing Services, KAMC-R

Date: 04 SEP 2016

Date: 05 SEP 2016

cc: Dr. Majed Al-Jarisy, Chairman, Research Office KAIMRC (Memo only)

MMVSL/01 Mar 2016/Permission to conduct nursing research at KAMC-R, Nursing Services - Template B (Official Backlog)

P. O. Box 22499, Riyadh 11426
Tel. 2520088
Telex : 403450 NGRMED SJ

ص ب ٢٢٤٩٩ الرياض ١١٤٢٦
هاتف : ٢٥٢٠٠٨٨
تلكس : ٤٠٣٤٥٠ نكس

XFH-MATERIALS 14574 (05/96) (ORACLE 29715)

٢٨٧٠٣

ANNEXURE D

Permission from KAIMRC to do the study

Kingdom of Saudi Arabia
Ministry of National Guard - Health Affairs

المملكة العربية السعودية
وزارة الحرس الوطني - الشؤون الصحية

King Abdullah International Medical Research Center
(KAIMRC)

IRB Office

Memo Ref.No. IRBC/1069/16 E-CTS Ref. No. RYD-16-419812-173029

Study Number: SP16/283
Study Title: Registered Nurses' Perception on the Annual Performance Appraisal in A Tertiary Hospital in Riyadh
Study Sponsor: Non Grant
IRB Approval Date: 06 November 2016
IRB Review Type: ☒ Expedited Review ☐ Full Board
Study site(s): Central Region

Dear Ms. Laura Gysman
Nurse Manager, Endoscopy, Wards 11, 15, 21 and 40
Ministry of National Guard – Health Affairs

After reviewing your submitted research proposal/protocol and related documents, the IRB has APPROVED the submission.

The approval includes the following related documents:

Document/Title	Version	Date
Research Proposal	01	06 Nov 2016
Cross-Sectional – Informed Consent Form	01	06 Nov 2016

The approval of the research study is valid for **one year** from the above approval to expiration date.

Terms of Approval:

- Annual Reports:** An Annual report must be submitted for approval to avoid termination/suspension of your research.
- Financial report:** If your study is funded project, details financial report should be submitted with the scientific report.
- Final Report:** After completion of the study, a final report must be forwarded to the IRB.
- Retention of original data:** The PI is responsible for the storage and retention of original data pertaining to the project for a minimum of five years.
- Reporting of adverse events or unanticipated problems:** The PI is responsible to report any serious or unexpected adverse events or unanticipated problems, which could involve a risk to participants or others.
- Biological samples:** No biological samples to be shipped out of the Kingdom of Saudi Arabia without prior IRB approval.
- Participant incentives:** No financial compensation or gifts to be given to participants without prior IRB approval.
- Storage of biological samples:** All biological samples collected for the purpose of this research must be stored in the KAIMRC Biobank facility.

10 NOV 2016

Dr. Abdullah Adlan
Chairman, Institutional Review Board (IRB)
Ministry of National Guard - Health Affairs

AA/GA/cad

ANNEXURE E

Participant informed consent

National Guard Health Affairs King Abdullah International Medical Research Center الشؤون الصحية بالحرس الوطني مركز الملك عبدالله العالمي للأبحاث الطبية  Cross-sectional surveys	 APPROVED By IRB 06 NOV 2016 KAIMRC
---	--

Informed Consent Form

Study Title- Registered Nurses' Perception on the Annual Performance Appraisal in A Tertiary Hospital in Riyadh

Principal Investigator: Laura Gysman

Study No.: SP16/283

You are requested to participate in research that will be supervised by Miss Laura Gysman in Riyadh.

This study is about:

The purpose of this qualitative study is to explore and describe how registered nurses at KAMC-Riyadh perceive the annual performance appraisal. In addition, the aim is to propose improvements of the appraisal tool or process, if necessary.

Your participation is voluntary and you have the right not to accept filling this survey without giving any reason and this will not affect your current or future medical care in MNGHA

You don't have to sign this information sheet only you can choose to agree/disagree; your acceptance to complete the survey will be interpreted as your informed consent to participate.

Your responses will be kept anonymous. However, whenever one works with email/the internet there is always the risk of compromising privacy, confidentiality, and/or anonymity. Despite this possibility, the risks to your physical, emotional, social, professional, or financial well-being are considered to be 'less than minimal'.

If you have any questions about the research, please contact Miss Laura Gysman , Tel.0508979094/ Ext.12090/gysmanl@ngha.med.sa.

In case you have enquiries related to your rights as a research subject you can contact the Institutional Review Board on Tel. 8011111 Ext. (84) 94458.

انت مدعو للانضمام طوعية لدراسة بحثية سوف يشرف عليها
(اسم الباحث الرئيسي) في (مكان إجراء البحث).

هذه الدراسة تهدف الى (الغرض الرئيسي ومقدمة مختصرة
لموضوع الدراسة).

ان مشاركتك في هذه الدراسة طوعية و لك الحق التام في عدم قبول
تعينه الاستمارة او الانسحاب في اي وقت تشاء بدون ابداء الاسباب
و لن يؤثر ذلك على العناية الطبية المقدمة لك حاليا او في المستقبل
في الشؤون الصحية بوزارة الحرس الوطني.

لا يجب عليك التوقيع على ورقة المعلومات هذه، فقط عليك
الاختيار موافق/غير موافق فمجرد قبولك تعبئة هذا الاستبيان يعتبر
بمثابة اقرارك بالموافقة على المشاركة في هذا البحث.

ستبقى الردود على الاسئلة سرية. ومع ذلك، فإن العمل عن طريق
البريد الالكتروني و الانترنت ينطوي هناك احتمال لاخترق
خصوصية البيانات و سريه المعلومات و لكن و بالرغم من هذه
الاحتمالية تبقى الاخطار البدنية و العاطفية و الاجتماعية و المهنية
و المالية المترتبة عليك ضمن الحد الأدنى من الخطورة.

إذا كان لديك أي أسئلة حول هذا البحث، يرجى الاتصال (اسم
الباحث الرئيسي) (عنوان الباحث الرئيسي / رقم الهاتف / البريد
الالكتروني).

في حال كان لديك الاستفسارات المتعلقة حقوقك كموضوع بحث
يمكنك الاتصال مجلس المراجعة المؤسسية على هاتف. 8011111
تحويلة 94458 (84).

☐ Agree to participate
☐ Disagree to participate

☐ موافق على المشاركة
☐ غير موافق على المشاركة

Shall not be used, disclosed, or published
Without written approval from King Abdullah International Medical Research Center

Version No. (Please change according to your study)

Version date: (please change as appropriate)

Page 1 of 1

KAIMRC-RO/ ICF SURVEYS BILINGUAL VERSION: 01
Date: 15/05/2013 CROSS-SECTIONAL SURVEYS

ANNEXURE F

Participant declaration of confidentiality

Participants Number : _____

I commit to confidentiality relating to the focus group activity of the study: **REGISTERED NURSES' PERCEPTION ON THE ANNUAL PERFORMANCE APPRAISAL IN A TERTIARY HOSPITAL IN RIYADH.**

This commitment relates to:

- The composition of the focus group session/s
- Discussions held and information shared within the focus group session/s.

I will not share information with any staff member, managers of the units or authorities in the hospital.

The researcher has the authority to escalate the matter to the relevant authorities should confidentiality be breached.

Participants signature: _____

Researcher signature: _____

Date: _____

ANNEXURE G

Interview Schedule

INTERVIEW SCHEDULE: FOCUS GROUP INTERVIEW ON (DATE)

SECTION 1

This information will be used to summarise the profile of the participants and not to identify participants

DEMOGRAPHIC DETAILS:

Participants Position:-----

Participants Nationality:_____

Age:_____

Gender: Male _____ Female_____

Educational Background :

Diploma_____ Bachelor degree_____

Masters_____ Doctorate_____

Other_____

Number of years you have worked on the surgical unit:____

SECTION 2

Research question: How do surgical registered nurses perceive the annual performance appraisal process?

Key Questions for the interview

The following key questions will be asked to the participants. Depending on the discussion, relevant probing questions will be asked.

In your own words describe your experience of the previous annual performance appraisals

Do the scores you received during the past appraisals reflect your performance during the year?

Tell me in which ways were you allowed to discuss the scores you received with your unit manager?

Tell me what is it that you would suggest to be considered by management with regards to the current performance appraisal process?

ANNEXURE H

Example page of transcript and analysis

170213_1406	
Interviewer	In your own words, describe your experience of previous annual performance appraisals. What was your experience in that?
Speaker 8	We have the...in...during that performance, we have the open communication with the nurse manager and the staff and then they are telling directly what are the things that need for us that needs to improve. What is wrong with me during that time? That's why it help me to improve. So, also, at the time, also, my nurse manager is listening for what's wrong why it happens to me during that part of [INDISTINCT].
Interviewer	Speaker ten.
Speaker 10	Based on my experience, my first year here is...I started with good...great but even though that is not as expected but, as I...this is my fourth year, so I've been...I have two nurse manager [sic] [INDISTINCT] from another ward before then. Now I've been here...there in surgical tower. So the experience...yes, you getting...the grade is getting better and better and, as a charge, I can discuss with my nurse manager what...where was I should improve in my...doing the charge, when...because, before, I was in the bedside so I have no idea how to become the leader. So, once I started my leadership, so I have this...ja, it's nice, it's good experience, and the way that my nurse manager evaluate [sic] me is accordingly to what I should have. This is how I feel.
Interviewer	Speaker four.
Speaker 4	With regards to my experience, although I have some...sometimes I have some questions from the evaluations that was [sic] made for me but my manager always makes sure that he will...she will explain to you why you had that kind of grade for that certain part of the evaluation and then she will encourage you to...how to improve yourself from that side which you think was not...which wasn't good for you and then she will really encourage you to make it...how to improve yourself for that...those things.
Interviewer	So give me an example of a question that you had for a nurse manager regarding your evaluation.

Interviewer So you've...did...how do you feel about that statement when she said this is what we get for the first-year score?

Speaker 9 I feel like...I felt that you supposed to evaluate me. You shouldn't...she already set up in mind that, first year, you should have maximum eighty-five this year [INDISTINCT] not go...more than that, I'm going to give you. [INDISTINCT] sure that she did evaluate me.

Interviewer Speaker ten.

Speaker 10 No, they don't discuss the grade and they just give us then she will say that this is your grade for [INDISTINCT] and then she will just ask your grade...your good, your weakness, and your strengths and that's it.

Interviewer Speaker seven.

Speaker 7 Same thing. I just...they just gave the paper and then [INDISTINCT]. I just browse. So I'm happy with that. I didn't ask because my score was improved. Maybe, if it is a decrease, it will...my points, I would ask but, that grade, it's okay.

Interviewer Speaker eight.

Speaker 8 Yes, during my last evaluation, my manager told me to review and asked me if I'm happy with it and I was happy and I signed.

Interviewer Speaker three. Your last score, did you have an opportunity to discuss it with your unit manager?

Speaker 3 My manager, she give [sic] paper and she will ask also are you happy and then, if you happy, you sign. Only I'm happy so I just signed. I didn't ask any question or...

Interviewer Speaker one.

Speaker 1 For my last performance appraisal, actually, I was not given that opportunity to verbalise if I'm happy with the score or something but, because I saw the score, [INDISTINCT] this is a good score, I was happy, then I signed, and then...but, for the previous...very previous...for the first time when I came here with my...my first year in this institution, I was happy because, what the nurse manager did, she...it was for the very first time, when I

ANNEXURE I

Researcher Reflection Letter

The end is always pleasant when you have been committed, consistent and focused.

Choosing the topic to investigate was always an easy one because of the experiences I had with regards to performance appraisals. I was curious to see if nurses were still having the same if not similar experiences I had when I was a bedside nurse. When I discussed my topic of choice randomly with nurses, both in management and at the bedside, it was received with great enthusiasm. I had also identified that as yet there had been no study conducted in the tertiary hospital on this topic.

The challenges I experienced as novice researcher included choosing the right research design, improving my reading and writing skills and ultimately doing the analysis of the data.

Identifying the research paradigm and design that would best fit the study required me to read numerous articles and books in order to get an idea on how to proceed with my study. The reading familiarised me with scientific writing skills, such as using scientific language and avoiding plagiarism.

The librarian at the university was very helpful in doing an initial literature search that would enrich my study and giving me that 'light bulb' moment. He also educated me on how to access the database search engines. I used the resources made available in the Unisa LibGuides to start, but once I found the first few papers, the databases suggested more relevant articles. These suggestions helped me delve deeper into the subject. Reading numerous studies on performance appraisals has made me aware that there are issues on how performance appraisals are perceived globally and in all types of sectors, such as aviation, banking and finances, industrial factories, etc.

The coding of the data was time consuming as I opted to complete the task manually. I wanted the experience and wanted to learn from it. Grouping these codes into themes and subthemes was also challenging. I became friends with all types of dictionaries to increase my vocabulary and understanding of the meaning of words. Writing chapter 3 was a 'nightmare' as I just could not grasp the incorporation of literature with the analysed data. There was a time I just wanted to throw in the towel. My supervisor has been very supportive throughout my study. I feel pleased with myself, for not giving up and I look forward to hold my completed dissertation in my hands. I was stuck in this section for eight solid months. Eventually, I took a break from study for a month or so and when I returned to that chapter I just got the 'aha – moment'.

Conducting the interviews was an enriching experience for me. Although I knew some of the participants in their professional capacity, the focus group interviews made me aware of their personal and human side. I realised the truth that body, mind and soul all constitute a human being and that those can't be separated.

As a novice researcher conducting focus group interviews for the first time, I feel that I was able to successfully elicit very useful qualitative data. This experience helped me to grow as a nurse researcher and learn first-hand about the qualitative research process. The issues that arose throughout my experience were: English was not the participants' first language, so it required a lot of clarification and probing; and although rules were set beforehand some of the participants were fidgety and speaking simultaneously with other participants in agreement with what they were saying, which required the researcher to remind the participants about the rules. As each issue was confronted and dealt with, a valuable lesson was learned. With each focus group, I became more skilled in my role as a focus group facilitator and research data collector.

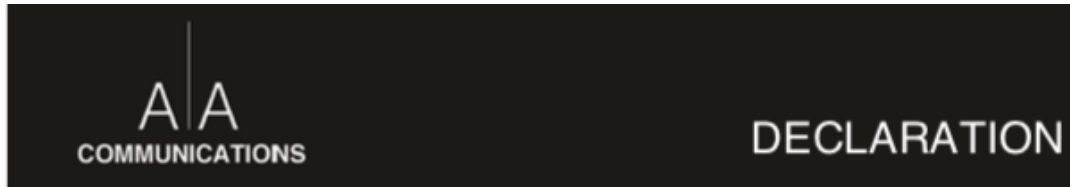
I now realise the value of qualitative research. It reveals reality that includes more than facts. It shows how emotions influence our way of reasoning and acting. These can't be captured in a quantitative study. Participants experience group cohesion, confirmation that one is not alone but that others also have similar experiences.

Qualitative research offers the opportunity to gain insights on how others experience situations and sometimes change one's own perceptions and feelings.

This research was a learning experience. I became very familiar with the use of the library resources and made use of many different tools to find information. I got exposure to an expert level of science and learned a great deal about my subject, people as research participants and myself. It inspired an interest in research I did not have before.

ANNEXURE J

Letter from language practitioner



Glenvista 13
Leather Oak Street
Oak Glen
Bellville
7530

15 November 2018

To whom it may concern

LANGUAGE EDITING OF MA DISSERTATION

I hereby declare that I assisted Mrs Laura Clara Gysman (student number: 34821384) with her MA dissertation by providing technical formatting, copy-editing and content editing, which included:

- * corrections with regard to formatting;
- * advice on referencing;
- * advice on grammar;
- * advice on punctuation; and
- * advice on maintaining consistency of language style and conventions.

Yours faithfully

A handwritten signature in blue ink, appearing to be 'A. Anthonie', with a stylized flourish at the end.

Alexa Anthonie

0832532717

www.alexaanthonie.com

alexa@alexaanthonie.com

ANNEXURE K

Turnitin report

34821384 Gysman Dissertation

by L C Gysman

Submission date: 20-Nov-2018 01:36PM (UTC+0200)
Submission ID: 1042529093
File name: 34821384_Gysman_Dissertation.docx (7.19M)
Word count: 26163
Character count: 159990

34821384 Gysman Dissertation

ORIGINALITY REPORT

31 %	27 %	7 %	22 %
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	uir.unisa.ac.za Internet Source	8 %
2	scholar.sun.ac.za Internet Source	2 %
3	docslide.us Internet Source	1 %
4	www.nursingcenter.com Internet Source	1 %
5	Annika L. Meinecke, Nale Lehmann-Willenbrock, Simone Kauffeld. "What happens during annual appraisal interviews? How leader–follower interactions unfold and impact interview outcomes.", Journal of Applied Psychology, 2017 Publication	1 %
6	dspace.nwu.ac.za Internet Source	<1 %
7	www.eujournal.org Internet Source	<1 %